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ABSTRACT

The National Commission on Drug-Free Schools was established by Congress in the Anti-Drug Abuse Act of 1988. Commission members heard prepared testimony from more than 150 people; held meetings with over 200 experts in drug education and prevention; visited schools, an intensive care unit for drug-affected babies, foster homes, and a public housing project; and talked to more than 1,500 students, teachers, administrators, and parents. This final report presents an outline for achieving drug-free schools by the year 2000; an overview of drug problems among young people; a summary of students' views on alcohol, tobacco, and other drugs; and an outline of the roles and responsibilities of community groups and organizations. The Commission's findings and recommendations are presented. Observations about drug problems are provided and ways that schools and communities can begin to solve them are suggested. Examples of some effective drug prevention programs and activities the Commission found in its investigations appear throughout the report. It is noted that although the Commission has given considerable thought to the contents of the report, unanimity on every recommendation was not possible given the diversity of perspectives and strongly held views. It is concluded that the report is presented in the hope that it will lead to more effective drug education and prevention in schools and communities and ultimately help save young people from the ravages of drugs. (ABL)

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NATIONAL COMMISSION *on* DRUG-FREE SCHOOLS

TOWARD A DRUG-FREE GENERATION: A Nation's Responsibility

FINAL REPORT SEPTEMBER 1990

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National Commission on Drug-Free Schools

FINAL REPORT SEPTEMBER 1990

NATIONAL COMMISSION ON DRUG-FREE SCHOOLS

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NATIONAL COMMISSION ON DRUG-FREE SCHOOLS

To the President of the United States and
Members of the 101st Congress:

In accordance with the requirements of Section 5051 of the Anti-Drug Abuse Act of 1988 (P.L. 100-690), we transmit herewith the Report of the Commission on Drug-Free Schools. The broad range of issues addressed in this Report is a result of a study undertaken by the Commission that has been thorough and independent. The Report's findings, recommendations, and legislative proposals therefore reflect the conclusions reached by members of the Commission and should not be construed as Administration directives or policy.

Very truly yours,

Lauro F. Cavazos
Co-Chairman

William J. Bennett
Co-Chairman

CONTENTS

Foreword v

Executive Summary vii

Preface ix

Goals for Schools, Colleges, and Universities xii

Part I. Overview of the Problem 1

Part II. Students' Views on Alcohol and Other Drug Problems 13

Part III. Responsibilities 17

Part IV. Recommendations 21

- Mobilizing the Community and Assessing the Drug Problem 21
- Policies 25
- Developing Effective Programs 29
- Working With High-Risk Students 37
- In-Service Training 40
- Recognition 43
- Research, Evaluation, and Dissemination 45
- Professional Training and Technical Assistance 51
- Funding 54
- Enforcement 59

Part V. Alcohol and Tobacco Use Among Youth 63

Part VI. Compendium of Other Issues 73

Summary of Recommendations 77

Participants in Commission Activities 83

Biographies of Commission Members 93

Commission Staff and Acknowledgments 98

"Ultimately the most important weapons in the war on drugs are the least tangible ones; self-discipline, courage, support from the family, and faith in one's self. The answer is traditional values. And if we want to stop our kids from putting drugs in their bodies, we must first ensure that they have good ideas in their heads and moral character in their hearts."—*Remarks of President George Bush in Recognition of Drug-Free Schools*

FOREWORD

The National Commission on Drug-Free Schools was established by Congress in Section 5051 of the Anti-Drug Abuse Act of 1988 (P.L. 100-690) and assigned the following four tasks:

- To develop recommendations of criteria for identifying drug-free schools and campuses;
- To develop recommendations for identifying model programs to meet such criteria;
- To make other findings, recommendations, and proposals the Commission deems necessary; and
- To prepare and submit a final report to the President and Congress.

Under the legislation, the Secretary of Education, Lauro F. Cavazos, and the Director of the Office of National Drug Control Policy, William J. Bennett, were appointed cochairmen of a 26-member commission. In August 1989, they appointed 16 citizen members representing drug education and prevention, state and local education agencies, parent-teacher organizations, school boards, community groups, and law enforcement. Congress appointed a bipartisan delegation of four members of the Senate and four members of the House of Representatives.

The Commission met for the first time on August 24, 1989, when it adopted the following goals:

- To identify and discuss circumstances, situations, and issues that contribute to illicit drug, alcohol, and tobacco use, abuse, and dependency among students.
- To make recommendations on strategies, programs, criteria, and policies that could assist in making our schools and students drug-free.
- To develop criteria for identifying model programs.
- To develop recommendations for identifying existing programs that meet such criteria.
- To make recommendations on ways to develop new model programs.
- To develop a report of the Commission's findings and present that report to the President and Congress within a year.

Commission members heard prepared testimony from more than 150 people representing the schools and communities where hearings were held. At six regional meetings, the Commission held day-long panel discussions with more than 200 experts in drug education and prevention. Commission members visited 17 schools and campuses, as well as a neonatal intensive care unit for drug-affected babies, a center for abused and neglected infants, foster homes, a runaway shelter, a juvenile detention center, and a public housing project. Commission members also talked with more than 1,500 students, teachers, school administrators, and parents, and rode police and citizen patrols through inner-city neighborhoods and along the Mexican border.

This final report presents an outline of goals for achieving drug-free schools by the year 2000; an overview of drug problems among young people; a summary of students' views on alcohol, tobacco, and other drugs; and an outline of the roles and responsibilities of community groups and organizations. The Commission's findings and recommendations, which make up most of the report, provide observations about drug problems and suggest ways that schools and communities can begin to solve them. Examples of some effective drug prevention programs and activities the Commission found in its investigations appear throughout the report.

The Commission has given considerable thought to the contents of this report and is in full agreement on an overwhelming number of the findings and recommendations. Unanimity on every recommendation, however, was not possible given the diversity of perspectives and strongly held views of members. Rather

than include minority views separately, the Commission wishes to acknowledge that some differences of opinion exist among members.

TOWARD A DRUG-FREE GENERATION: A Nation's Responsibility proposes an action plan for the nation to achieve drug-free schools. It is presented to the President, Congress, and the American public with the hope that it will lead to more effective drug education and prevention in schools and communities—and that ultimately it will help save young people now and in the future from the ravages of drugs.

EXECUTIVE SUMMARY

The National Commission on Drug-Free Schools held hearings and meetings with students, parents, teachers, government officials, and community groups and made site visits to schools, colleges, and youth programs to assess the extent and nature of the drug problem in our schools and colleges and to recommend ways in which the problem can be addressed. The major findings and recommendations of the Commission are as follows:

America's schools have two drug problems. Although still intolerably high, the use of cocaine, marijuana, and other illicit controlled drugs has declined sharply over the past decade. The use of alcohol and tobacco, however, has remained at a high level.

- The Commission calls on every school and college to help meet the performance goal of the President and the Nation's governors to achieve drug-free schools by the year 2000. This will require expanding and improving drug prevention programs in the schools.

In order to be effective, school prevention programs must have the support of the entire community.

- The Commission calls on every segment of society to get involved in drug education and prevention. It provides examples of roles that every segment of the community, including students, parents, religious organizations, media, law enforcement, and business can perform.

Prevention efforts should begin early. Students begin using alcohol and tobacco, often the gateways to other drugs, as early as the third grade.

- The Commission calls on schools to concentrate their prevention efforts in the elementary grades, and not wait until junior or senior high school. The Commission also calls for schools and colleges to develop a variety of programs to meet the needs of high risk youth.

Although most schools have policies on the use, possession, and distribution of drugs at school, these policies are not always effective because they are inconsistently enforced.

- The Commission calls on the Department of Education to monitor closely the development and enforcement of school and college antidrug policies, as called for in Section 22 of P.L. 101-226.

Researchers and educators are just beginning to learn which drug education and prevention programs and approaches are effective in reducing or preventing drug use.

- The Commission calls on funding agencies to support only those activities that have proven to have a likelihood of preventing drug use; activities that have been demonstrated to be ineffective should not be funded by Federal, state, local, or private sources. The Commission also calls for more research and evaluation to identify the types of programs that successfully prevent the use of drugs, including alcohol and tobacco.

Drug prevention policies and curricula can be bolstered by efforts to provide afterschool activities and enrichment, and that help students take advantage of resources within the community.

- The Commission calls on schools to develop better linkages with health, social, employment, and drug treatment services in the community, and for schools to remain open after school hours and during the summer months to provide a site for a variety of youth, family, and community activities.

School teachers and administrators are not adequately prepared to recognize and effectively deal with students' drug problems.

- The Commission calls on all states to require that teachers be trained in drug education as well as in how to recognize the symptoms of drug use and intervene effectively, and for communities to assist schools in providing in-service training for all school staff members.

Despite recent significant increases in Federal funding for drug education, many schools still lack resources to implement state-of-the-art drug prevention programs.

- The Commission calls on states, local communities, and the private sector to increase funding for drug prevention programs in the schools.
- The Commission calls on the Congress to enact legislation requiring the states to match Federal funds made available under the Drug-Free Schools and Communities Act.
- The Commission calls on the states to establish assessment funds for drug education and treatment. Money would come from persons convicted of drug offenses, who would be assessed a mandatory fine.

The use of alcohol and tobacco by young people is alarmingly high, and has been largely unaffected by drug prevention efforts. Because alcohol and tobacco are legal for adults, distinct and targeted prevention efforts are needed to reduce their use by young people.

- The Commission calls for a range of actions that would make it more difficult for young people to purchase alcohol and tobacco, and for stricter penalties for those who illegally sell alcohol and tobacco products to underage persons. Proposals include raising excise taxes as a deterrent to use; launching statewide campaigns against smoking and drinking; requiring the licensing of tobacco vendors; prohibiting alcohol and tobacco advertising and promotions at state colleges and universities; and prohibiting alcohol and tobacco use at schools and school functions.
- The Commission calls on the Congress to consider requiring equal time in the media for anti-alcohol and -tobacco advertising, and additional mandatory health and safety labels on alcohol and tobacco products relating to underage use.

Many schools and colleges have ignored the moral and ethical aspects of drug education.

- The Commission calls for all schools and colleges to provide moral leadership in the war on drugs and to include, either as part of their drug education program or separately, the principles of civic and individual values and responsibilities such as honesty, loyalty, integrity, compassion, hard work, citizenship, and respect for others.

PREFACE

For too long, an epidemic of illicit drug use has afflicted America's young people, robbing many of life itself, and preventing many more from fulfilling their hopes and dreams. Drugs have torn apart America's families, corrupted the nation's values, and devastated countless communities. No corner of the land has been spared—no social class, no region, no neighborhood, and no school.

Over the past decade, however, this epidemic of illegal drug use—cocaine, marijuana, heroin, PCP, methamphetamines, and the like—has begun to recede. Fewer young people now are using them than at any time since 1979. Credit for this must go to the American people. They have seen the ravages of drugs close up. They know what drugs can do, and they have said "Enough." Young people too deserve much credit for turning away from drugs, and their hardening attitudes towards drugs have been documented in national attitudinal surveys.

Nevertheless, the use of cocaine, marijuana, and other dangerous drugs remains intolerably high among young people. In many schools, illegal drugs and drugs trafficking are as prevalent as ever. Elsewhere, their presence has diminished. As a nation, the American people must keep the pressure on, and work to reduce further the extent of drug use among the young. This report recommends a number of steps to help continue this momentum.

Still, while illegal controlled drugs have begun to yield to prevention efforts, two other harmful substances—alcohol and tobacco—have stubbornly resisted. Far more young people use alcohol and tobacco than have ever used cocaine, marijuana, or other illegal controlled drugs, and that use has remained virtually constant for many years. Alcohol and tobacco pose serious health hazards to young people. Alcohol-related traffic accidents are the leading cause of death among young people. And the use of alcohol and tobacco frequently precedes the use of cocaine, marijuana, and similar drugs. For all of these reasons, the use of alcohol and tobacco by young people is prohibited in every state. And for these reasons, the Commission has directed its attention not only to illegal controlled drugs, but also to alcohol and tobacco.

WITNESSING THE CASUALTIES OF DRUGS

In its work over the past year, the National Commission on Drug-Free Schools was confronted time and again with the devastating results of drugs. At The Sanctuary, a shelter for runaways in Royal Oak, MI, Commission members met a 12-year-old girl who had been bruised and battered by her father in an alcoholic rage, and who told members that she would swallow, inhale, or inject anything that might dull her pain. They met youngsters in juvenile detention in Dayton, OH, whose relatives had given them their first beers, their first marijuana joints, and their first rocks of crack. They met dropout gang members in Salt Lake City who dealt drugs to buy designer clothes. They met underage students who insisted that it was "their right" to drink alcohol in college and experiment with other drugs, and who did both. They met numerous school principals anguished over children whose addict-parents didn't bother to send them to school regularly, or if they did, often sent them hungry, dirty, and poorly clothed. They met parents in every city who pleaded for help in saving their children from the scourge of drugs and violence, and children in schools everywhere who talked about family, friends, and neighbors who were drug users and pushers or who had been victims of drug-related crimes.

The most innocent and heartrending victims of drugs, however, were the dozens of tiny trembling babies hooked up to IV tubes and blinking monitors in the newborn intensive care unit at Jackson Memorial Hospital in Miami. Abandoned by their addict mothers, they were among the 2,000 cocaine-exposed babies born at Jackson Memorial each year. Many of them also were afflicted with AIDS and other serious mental and physical disabilities and, like drug-affected children all over the country, have flooded their local health, welfare, and education systems.

A BASIS FOR OPTIMISM

The Commission believes that a school or community need not fall prey to drugs. Americans are not powerless; they can fight back against drugs. In its investigations, the Commission also witnessed signs that battles are being won: students in every school and college visited have taken leadership roles in peer programs to prevent alcohol and other drug abuse on their campuses; parents in Fort Wayne, IN, have organized party safe-home networks; schools in a variety of communities have developed programs for students who need help with drug abuse or other problems; Multnomah County Sheriff officers and public housing residents have kicked drug gangs out of Columbia Villa in Portland, OR.

The Commission heard testimony from many communities where parents have taken the lead in the war on drugs. In inner city Detroit, parents have formed Save Our Sons And Daughters (SOSAD) to fight the drugs and violence in their neighborhoods. In the exclusive suburbs of Miami, Informed Parents educate families about drug prevention and intervention and contribute to metropolitanwide drug initiatives. In Omaha, "Mad Dads" patrol the streets to break up drug deals, and volunteer for youth activities in their schools and churches.

Another demonstration of how families, schools, and communities can counter the effects of drugs was the Commission's visit to Charles Drew Elementary School, a haven in the heart of Miami's drug-infested Liberty City area. In contrast to the squalor beyond the schoolyard, orderly classrooms were filled with enthusiastic students who responded to questions confidently and articulately. There, caring teachers set high academic standards and enjoyed strong support from parents who were highly visible in the school. And at Eastern Junior High School in Lynn, MA, the Commission met school staff members who volunteer their personal time to open the building at 7:30 a.m. and provide tutoring and supervision for students who arrive early, and Bank of New England employees who tutor students one-on-one before and after school.

THE NEED FOR LEADERSHIP AND BROAD PARTICIPATION

At all of the schools and colleges visited that were effective in reducing drug use, the Commission found a leader who inspired other adults to get involved and students to achieve. Indeed, in the elementary and secondary schools, the principal personally set the tone for an orderly, caring, and achievement-oriented environment in which drugs were not tolerated.

Such leadership and commitment by school leaders and their staffs is essential, but schools and colleges cannot prevent drug use alone. The people of America must hold high expectations for youth, from pre-kindergarten through college, and citizens must be willing to give of themselves. As a school counselor in Oregon told the Commission, "There is not enough money in the country to pay people to help our children in need, but there are enough people to help if they will only care to."

In many of the communities visited, the Commission found that people do care enough to help young people, make neighborhoods safer, and provide alternatives to drugs. In Miami, for example, the Miami Coalition for a Drug-Free Community has brought together parents and leaders from business, industry, education, religion, law enforcement, and community services to focus on local drug problems with privately raised funds. The religious community has coordinated antidrug Red Ribbon Week activities that packed thousands into a football stadium. Through community action teams, parents have worked with the schools to establish networks, parent skills training programs, and drug-free activities for students. When Florida passed Drug-Free School Zones legislation, the Coalition bucked various bureaucracies to erect Drug-Free School Zone signs around every school in the city, and systematically has eradicated the crack houses in many neighborhoods. Coalitions like this exist all over the country, including the Coalition Against Drug Abuse (CADA) in Washington, DC, Partners in Prevention in Portland, OR, and the Orange County Substance Abuse Prevention Partnership in California.

Clearly, effective drug prevention efforts require more than commitment from schools—they require support and involvement from the community. As the Multnomah County, OR, district attorney told the Commission, "We could have drug-free schools tomorrow, but what we really need are drug-free communities." The Commission believes that all Americans share this responsibility to help fight drugs and to set an example for young people by living healthy, responsible, drug-free lives.

A CALL TO ACTION

The need for leadership and broad participation in drug prevention is not just for a year or two, but rather for the next decade and beyond. Alcohol and tobacco, especially, will be difficult to eliminate from young people's lives because they are legal for adults and accepted. Considering the magnitude of changes needed, it is clear that the national commitment to drug-free youth must be long term. The recent declines in drug use by young people show that progress is possible—but not inevitable. Now is precisely the wrong moment to be complacent about any success. National resolve must not slacken. America must redouble its efforts, and must refuse to tolerate drug use in any school, in any community, and in any home. The nation's children deserve no less.

GOALS FOR SCHOOLS, COLLEGES, AND UNIVERSITIES

America's leaders have set a national goal of drug-free schools by the year 2000. This goal is one of six key performance goals for the nation's schools that federal and state officials adopted at the September 1989 education summit convened by President Bush in Charlottesville, VA. By the year 2000, according to the national goals statement, the nation will:

- prepare all children to start school ready to learn;
- increase the high school graduation rate significantly;
- improve student achievement and citizenship;
- lead the world in mathematics and science achievement;
- ensure that all adults are literate, skilled, and responsible citizens; and
- maintain safe, disciplined, and drug free schools.

The Commission endorses these national goals, but it also believes that the last goal must come first, because safe, disciplined, and drug free schools form the foundation for improving student performance. The steps that schools can take to prevent drug use will help improve education in the same way that providing students a high-quality education can help reduce drug use. The Commission found, however, that the vast majority of schools and colleges have not established goals and objectives for drug-free schools. Schools that have successfully reduced drug use do have goals and have built widespread support for those goals within the school and community. These schools hold students and staff accountable, and they count on parents, teachers, and other adults to set an example by not using drugs or abusing alcohol, by being informed about the dangers of drug use, and by upholding the law. Their goals reflect community standards and values and help establish a comprehensive drug prevention strategy with specific objectives which are reviewed and updated periodically.

The following is a timetable for meeting objectives toward the goals of drug-free schools.

By 1991, all schools, colleges, and universities should:

- Establish a school-based prevention task force to assess drug problems including problems with alcohol and tobacco and to develop strategies for eliminating drugs.
- Establish base line data for use in developing and evaluating programs.
- Conduct a comprehensive assessment of the schools' drug problems every two or three years, including an analysis of resources available in the school and community, a review of staff training needs, and an evaluation of the schools' prevention programs. Use results to design, evaluate, and improve programs.
- Establish local goals and objectives for achieving drug-free schools.
- Develop standard operating procedures for selecting and using drug education programs, activities, and materials, concentrating on what research has shown to reduce drug use.
- Establish firm, no-use policies with appropriate sanctions that prohibit drug use including alcohol and tobacco, by students, staff, and others at school and at all school-related events.
- Review school policies and state and local laws on alcohol, tobacco, and other drugs to ensure they support each other. Work with local and state legislators to strengthen laws that do not support school policies.
- Work with local law enforcement officials to ensure that laws on drugs including alcohol and tobacco are enforced fairly and consistently throughout the community.
- Set up drug-free school zones and strictly enforce all provisions.

- Reward students who participate in programs and activities that promote being alcohol and drug-free.
- Coordinate services of community agencies and organizations involved in law enforcement and in drug education, prevention, and treatment. Develop written agreements that outline prevention roles and responsibilities for schools and community groups. Establish guidelines for enforcing all drug laws, including those related to alcohol and tobacco.
- Identify students most at risk of drug use, and develop prevention programs for them.
- Develop a good working relationship with local private-sector employers and the greater business community to reinforce school prevention programs.
- Help develop a broad-based community task force to address the community's problems with alcohol, tobacco, and other drugs.

By 1992, all schools, colleges, and universities should:

- Develop comprehensive prevention and education programs, addressing the most critical needs first.
- With help from the community and the private sector, keep the school open after hours and during the summer as a community resource.
- Develop strategies to improve instruction and students' academic performance, and to train all teachers, administrators, and other school employees in drug prevention.
- Expand drug-free zones around schools each year.

Between 1992 and 1999, all schools, colleges, and universities should use their prevention task forces to help conduct the following efforts:

- Use research and evaluation findings to develop prevention and education programs that deal with the needs identified in school and community assessments. Seek participation and support from the community and the private sector in developing programs.
- Review annually school policies, programs, and practices on drug use including alcohol and tobacco, to ensure they meet objectives, and make necessary changes.
- Maintain close working relationships with community agencies, law enforcement, and the private sector to ensure that support for prevention programs and enforcement of all drug laws is continued.
- Train all staff regularly in the prevention of drug use including alcohol and tobacco use.
- Assess drug problems and evaluate programs every two or three years to document reductions in alcohol and drug use.
- Educate all parents about drugs and alcohol, including signs of use.
- Provide regular drug and alcohol orientation courses for college students.

By the year 2000, all schools, colleges, and universities should:

- Ensure that schools and colleges are drug free.

"We have spent a lot of time in this nation, in the Department of Education, and in all of our school districts talking about quality education, and yet young people cannot truly learn if their minds are diverted from the goals of education by drugs. I cannot think, therefore, of anything more vital to the future than creating drug-free schools and students in America."—*Lauro F. Cavazos, Secretary of Education*

"The job of our schools is to provide our students with the knowledge, good habits, and self discipline that are the price of admission to successful adulthood. But drugs, as any recovering addict will tell you, are the enemy of achievement, understanding, commitment, and self-respect. They are an act of violence against the mind and soul. And so drugs are a deadly threat to education. Education must fight back—hard."—*William J. Bennett, Director, Office of National Drug Control Policy*

Part I

OVERVIEW OF THE PROBLEM

The use of drugs remains widespread among the nation's young people. As will be illustrated below, the use of different drugs is initiated at somewhat different ages. Appreciable numbers of students begin to use alcohol and tobacco in the elementary grades, and increasing numbers begin to use drugs such as marijuana, inhalants, or amphetamines in middle school and junior high school. Active involvement in illicit drug use tends to peak by the twelfth grade overall, but the use of alcohol and cocaine specifically, still continue to rise in college years. In general, the use of such drugs as cocaine, marijuana, and heroin has declined among high school and college youth, as well as in the general population, over the past decade. The use of alcohol and tobacco among youth, however, has seen very little decline.

"It is among the young in America that predominant norms change. And many forms of drug use became acceptable in the previous generation."—*Denese Lombardi, MacArthur School, Washington, DC*

Are Our Schools Drug-Free?

An analysis of a representative sample of 200 public and private high schools that participated in the 1986 and 1987 National High School Senior Surveys revealed that no high schools are completely drug-free.

- All seniors (100 percent) attended schools in which there was some illicit drug use reported, and 75 percent attended schools in which more than half of their classmates had tried an illegal or controlled substance within the previous month. Nearly all seniors (92 percent) were in schools where at least one in ten of their classmates had used drugs. These conditions varied little according to community size, school size, whether schools were public or private, or the socioeconomic composition of the student body.
- All seniors (100 percent) attended schools where some students used marijuana. A vast majority (89 percent) of seniors attended schools where at least some seniors were daily users.
- Cocaine had reached nearly all schools, with 98 percent of seniors attending schools in which some cocaine use was reported, and 48 percent attending schools where at least one in ten seniors reported using cocaine.
- Virtually all seniors (99 percent) attended schools in which at least one-quarter of the senior class reported drinking alcohol within the previous month, and 82 percent said more than a quarter of the senior class had drunk heavily (five or more drinks in a row) within the previous two weeks.
- All seniors (100 percent) attended schools where at least some of their classmates smoked, and most (83 percent) were in schools where more than one in ten classmates smoked every day.

(O'Malley, P.M., Bachman, J.G., and Johnston, L.D., 1988, *Student Drug Use in America: Differences Among High Schools 1986–1987*, Monitoring the Future, Occasional Paper No. 24)

"We know that parents are not in the schools, so we're looking at ways to reach them. We'd like to develop videos and audio cassettes that parents can put in their home televisions and car tape players as a way of getting to the parents [who] aren't going to come to us."—*Dorothy Leonard, Member National PTA Board of Directors*

"Mind-altering substances are designed to distract the mind and, therefore, are particularly offensive and destructive in a learning environment. Furthermore, because they have the deliberate effect of delaying and blurring necessary confrontation with the challenges of maturation and growth, mind-altering drugs and education are an especially bad mix."—*Dr. Chase Peterson, University of Utah*

THE DRUGS STUDENTS USE

Students use all types of drugs, including alcohol and tobacco (which are legal for adults but illegal for underage youth); controlled psychoactive drugs

such as tranquilizers, sedatives, stimulants, and narcotic analgesics; and illegal, controlled drugs such as marijuana, cocaine, heroin, and hallucinogens. Most of these drugs have addictive potential and all pose serious health hazards; moreover, most except tobacco can contribute to antisocial and destructive behavior.

There are some important differences among these drugs, however. Society has determined that alcohol and tobacco are permissible for adults, but that they should be forbidden for young people who are less mature, psychologically and physically, and more easily addicted emotionally and physically. Illegal controlled drugs, on the other hand, are condemned unequivocally. They are judged to have no legitimate uses, their potential for abuse is high for youths and adults alike, and they threaten social order in a way that alcohol and tobacco do not. Use, possession, and sale of such drugs therefore are deemed serious crimes.

THE GOOD NEWS

Although too many young people continue to use illegal drugs, there is some good news about our efforts to eliminate drug use. The Commission found the following signs of improvement:

- Among students, the overall rate of use of illicit drugs such as marijuana, cocaine, crack, heroin, and PCP is decreasing and is at its lowest point in a decade.
- The perception among students that drugs, including alcohol and tobacco, are harmful is at its highest point in over a decade.
- An overwhelming number of students disapprove of regular use of any illicit drugs.
- The proportion of motor vehicle deaths involving alcohol has declined significantly in the past several years.
- Nationwide, few elementary or secondary students use drugs inside the schools or during school hours.
- More schools have recognized that drug use is a problem and have developed programs to help students understand, resist, and overcome drug use.
- Some drug education and prevention programs are beginning to show evidence of proven success in preventing the use of certain kinds of drugs among students.
- Federal funding for drug education and prevention efforts has increased substantially in the past two years.
- In many schools and communities, parents and parent groups have taken the lead in fighting drugs. Participation in parent groups is increasing. The PTA has added over one million new members since 1985.

- An overwhelming majority of the states (42) have enacted comprehensive Drug Free School Zones legislation.
- Since 1987, 128 schools have been recognized by the Department of Education for drug education policies and programs that contribute to a drug free environment.
- Since the spring of 1988, more than 1,300 colleges and universities have adopted the standards established by the national Network of Colleges and Universities Committed to the Elimination of Drug and Alcohol Abuse.

Indications of "Good News"

- Illegal drug use decreased from a high of 66 percent of seniors having ever used an illicit drug in 1981 to 51 percent in 1989.
- Marijuana use within the previous 30 days among high school seniors declined from a high of 37 percent in 1978 to 17 percent in 1989.
- Cocaine use within the previous 30 days among high school seniors declined from a high of 6.7 percent in 1985 to a low of 2.8 percent in 1989.
- Alcohol use within the previous 30 days among high school seniors declined from a high of 72 percent in 1978 to 60 percent in 1989.
- Nearly two-thirds (65 percent) of seniors disapproved of trying marijuana once or twice, while 90 percent disapproved of smoking marijuana regularly. Some 96 percent disapproved of regularly taking cocaine, and 75 percent disapproved of taking one or two alcoholic drinks every day. Nearly three-quarters (72 percent) disapproved of smoking a pack or more of cigarettes a day.
- More than three-quarters (78 percent) of seniors now view regular use of marijuana as harmful. Some 90 percent now view regular use of cocaine as harmful, and 70 percent view taking four or five drinks nearly every day as harmful. Smoking one or more packs of cigarettes a day is viewed as harmful by 67 percent of the seniors.

  (Data from *Drug Use, Drinking, and Smoking: National Survey Results From High School, College, and Young Adults Populations*, Johnston, L.D., O'Malley, P.M., Bachman, J.G., 1989, and a press release from the same project on February 13, 1990)

- The proportion of high-achieving teenage students who regularly used marijuana (once a month or more) declined from 7 percent ten years ago to less than 1 percent in 1989; only 3 percent smoked cigarettes at least once a week; 64 percent say they never drank alcohol, another 22 percent drank less than once a month, and just 2 percent drank once a month or more. (Twentieth Annual Survey of High Achievers, *Who's Who Among American High School Students*, September 1989)
- The proportion of motor vehicle deaths involving alcohol declined from 62 percent of all fatalities in 1982 to 49 percent of all fatalities in 1987. (National Highway Traffic Safety Administration, U.S. Dept of Transportation, *Fatal Accident Reporting System, 1987*, December 1988)

"The vast majority of the students...respond very well to a caring environment—individuals who really care for the kid, have high expectations, (and are) no nonsense in the way they treat the curriculum. Individuals who really push kids to achieve their finest are one of the best ways I have found of preventing kids from moving into the drug scene."—*Dr. Henry Gradillas, Commission member*

THE BAD NEWS

Despite some significant accomplishments in reducing the use of drugs, including alcohol and tobacco among young people, the Commission finds much to be concerned about.

- Illegal drugs are available in almost every school district and college.
- When alcohol is included in the definition of illegal drugs, we find that more than 90 percent of high school graduates have used illegal drugs. When alcohol is excluded the number is reduced to 44 percent.
- Students as young as those in grade 3 have used alcohol and tobacco, and many even younger children are exposed to illicit drugs by their peers, older siblings, and parents.
- Drug use does not end upon graduation from high school. Close to 20 percent of college students report regular use of an illicit drug, and over 40 percent had five or more drinks in a row within the previous two weeks.
- School dropouts and pushouts, who often have higher rates of alcohol and drug use, are missed in most surveys that measure drug use among young people.
- While most schools have developed drug education and prevention programs, few programs have been found to be effective in preventing or reducing the use of alcohol or tobacco.
- The vast majority of schools and colleges have not developed a long-term strategy to eliminate drug use.
- Many parents are ambivalent toward or condone the use of alcohol and tobacco, and in some cases marijuana by their children.
- There still are many colleges that do not believe drug education and prevention, or the enforcement of drug laws, is their responsibility.
- Alcohol and drug use of college students is directly related to rape, assault, vandalism, and other violations of the law on campuses.
- Young people have been influenced by advertisements and promotions of alcohol and cigarettes.
- Funding is still insufficient to develop the kinds of comprehensive programs necessary to prevent drug use among students.

"Many parents, probably the majority, don't see alcohol as a drug. We are trying to get that message out—alcohol is a drug."—*Dorothy Leonard, National PTA Board of Directors*

According to the *Wall Street Journal*, November 11, 1989, school officials in Banbridge, WA, said that their drug and alcohol problem did not appear to be getting any better despite 12 years of operating one of the most intensive and innovative drug education programs in the country. They said their own efforts, while important, were doomed without the participation of the rest of the community and that they needed a substantial contribution not only from parents but everyone from churches to Boy Scout troops to local television stations.

Indications of "Bad News"

In Elementary School:

- Retrospective data from recent national surveys of high school seniors indicate that approximately 19 percent reported having smoked cigarettes and approximately 9 percent reported having drunk alcoholic beverages by the sixth grade (see Figure 1). Approximately 3.3 percent of these students reported having been drunk by the sixth grade. (Johnston et al., 1989)
- A smaller percentage of seniors started using other illicit drugs while they were still in elementary school, including marijuana (2.3 percent) and inhalants (2.4 percent). Drugs such as cocaine, PCP, heroin, barbiturates, and tranquilizers were used, but by less than 0.5 percent of students. This 0.5 percent, however, represents approximately 13,000 youths in any given year. (Johnston et al., 1989)
- In a poll of more than 380,000 students, 16 percent (61,000) said they first tried beer before age ten. (PRIDE National Database, 1989, Grades 6–12)

In Grade 8:

- Alcohol and tobacco are the most frequently used drugs. More than three-quarters (77 percent) of eighth graders reported having used alcohol; 34 percent reported having used alcohol within the previous month; and 26 percent reported having had five or more drinks in a row within the previous month. Of the eighth graders who had used alcohol, 55 percent reported first use by grade 6.
- More than half (51 percent) of eighth graders reported having tried cigarettes, and 16 percent of them smoked cigarettes regularly.
- Some 15 percent of eighth graders reported having tried marijuana. Of those using marijuana, 44 percent had first tried it by grade 6.
- One in five (21 percent) of eighth graders reported having used inhalants. Of those using inhalants, 61 percent had first used them by grade 6.
- Some 5 percent of eighth graders reported having tried cocaine, and approximately 2 percent had tried crack.
- The vast majority (86 percent) of the eighth and tenth graders reported that it would be very easy or fairly easy for them to get cigarettes; 84 percent reported that it would be easy to get alcohol; 57 percent reported it would be easy to get marijuana; and 27 percent reported it would be easy to get cocaine.

(The National Adolescent Student Health Survey, 1987)

In Grade 10:

- Alcohol and tobacco continue to be the most frequently used drugs. Nine out of ten (89 percent) tenth graders reported having used alcohol; 53 percent reported having used alcohol within the previous month; and 38 percent reported having had five or more drinks in a row within the previous month.
- Nearly two-thirds (63 percent) of tenth graders reported having tried cigarettes, and 26 percent of them had used cigarettes within the previous month.
- A third (35 percent) of tenth graders reported having tried marijuana.
- One in five (21 percent) tenth graders reported having used inhalants.
- Some 8 percent of tenth graders reported having tried cocaine, and approximately 3 percent had tried crack.

(The National Adolescent Student Health Survey, 1987)

In Grade 12:

- More than half of all 1989 seniors (51 percent) reported illicit drug use at some time in their lives. A third of all seniors (31 percent) reported using an illicit drug other than marijuana.
- Alcohol and tobacco continue to be the most frequently used drugs. Nearly all (91 percent) of seniors reported having used alcohol; 60 percent reported having

used alcohol within the previous month; and 33 percent reported having had five or more drinks in a row within the previous month.

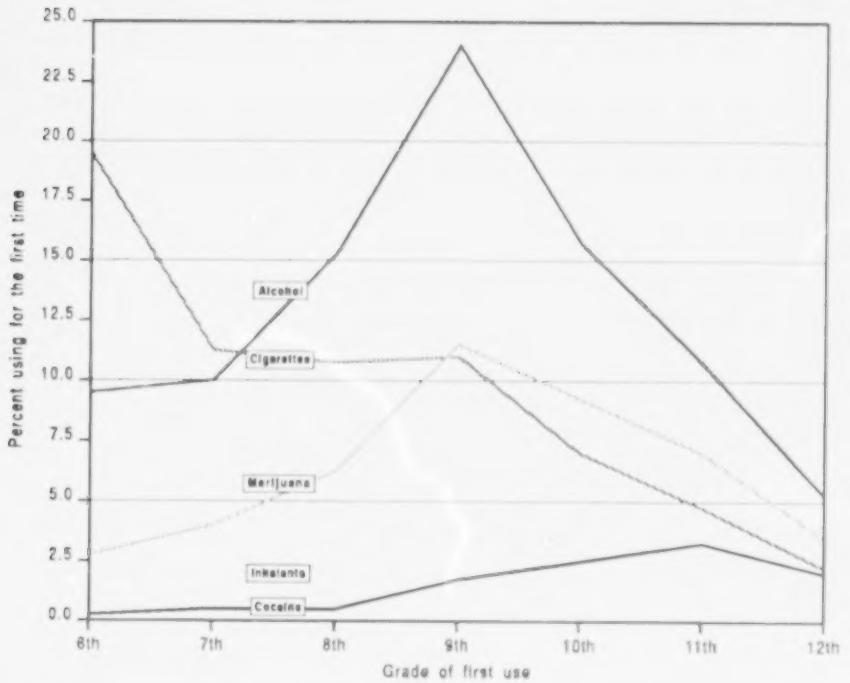
- Two-thirds (66 percent) of seniors reported having tried cigarettes. Some 29 percent of them had used cigarettes within the previous month, and 19 percent were current daily smokers.
- Nearly half (44 percent) of seniors reported having used marijuana; 30 percent reported use within the previous year; and 17 percent reported use within the previous month.
- Some 18 percent of seniors reported having used inhalants; 2.3 percent reported use within the previous month.
- One in 10 (10 percent) of seniors reported having tried cocaine, and 2.8 percent reported use within the previous month. Some 1.4 percent reported use of crack within the previous 30 days.
- Approximately 1 percent of seniors reported ever having used heroin.
- The vast majority (85 percent) of high school seniors reported that marijuana was very easy or fairly easy to obtain, and more than half of seniors (55 percent) perceived cocaine as readily available.

(Johnson et al., 1989)

In College:

- Alcohol and tobacco continue to be the most frequently used drugs. Virtually all (94 percent) college students in 1989 reported having used alcohol; 76 percent reported having used alcohol within the previous month; and 42 percent reported having had five or more drinks in a row within the previous two weeks.
- Some 12 percent of college students reported daily cigarette smoking.
- More than half (51 percent) of the college students reported having used marijuana; 34 percent reported use within the previous year; and 16 percent reported use within the previous month.
- Some 15 percent of college students reported having used inhalants; 4 percent reported use within the previous year.
- Nearly one in seven (15 percent) college students reported having tried cocaine; 8 percent reported use within the previous year; and 3 percent within the previous month.

(Johnston et al., 1989, 1990)



"Children who are without parental guidance and care before and after school are twice as likely as children with care to be users of alcohol. The same relationship holds true for smoking behavior and for marijuana behavior... There also is a strong predictive [link between] a child's friends using drugs—cigarettes, alcohol, marijuana—and that child's risk for subsequent use....One of the best protective factors to help a child ward off drugs is achievement and motivation—being successful in school." ***—Dr. William Bukowski, National Institute on Drug Abuse***

Figure 1. Grade of First Use of Drugs (in Percentages) as Reported by High School Seniors

DRUG USE AT VARIOUS GRADE LEVELS

The figures on pages 8 and 9 provide some statistical information about drug use at the different grade levels including college.

Timing of School-Based Interventions

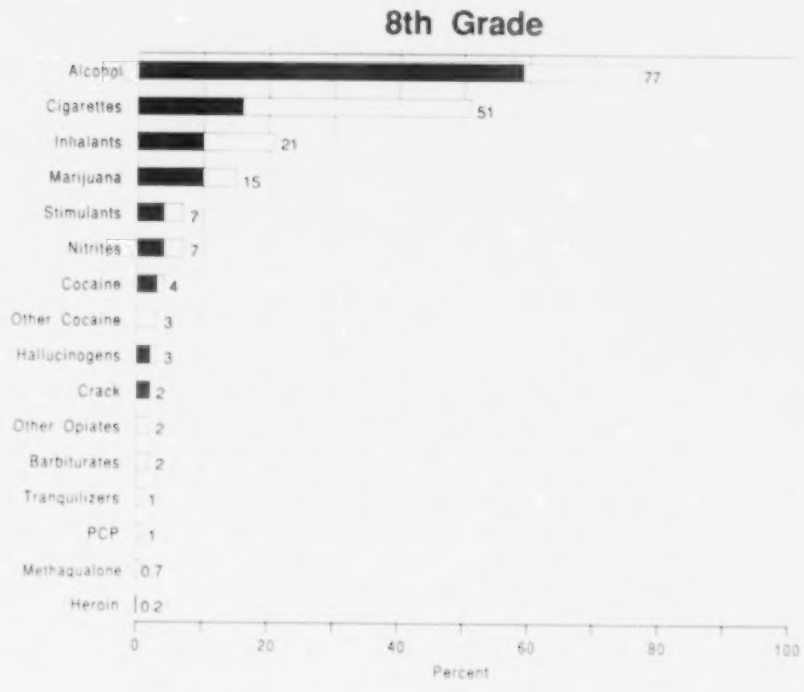
Based on its review of the patterns of onset of the various forms of drug use, and what is known more generally about the dynamics of childhood and adolescent development, the Commission came to the following general conclusions about the timing and nature of school-based interventions.

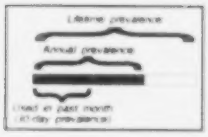
A survey of 519,000 elementary and high school students showed that only 21 percent of fourth to sixth graders believe wine coolers are a drug, while 50 percent believe that beer, wine, and liquor are drugs. Twenty-six percent of fourth graders and 42 percent of sixth graders admitted to having tried wine coolers. ***(My Weekly Reader, "National Survey on Drugs and Drinking," Spring 1987)***

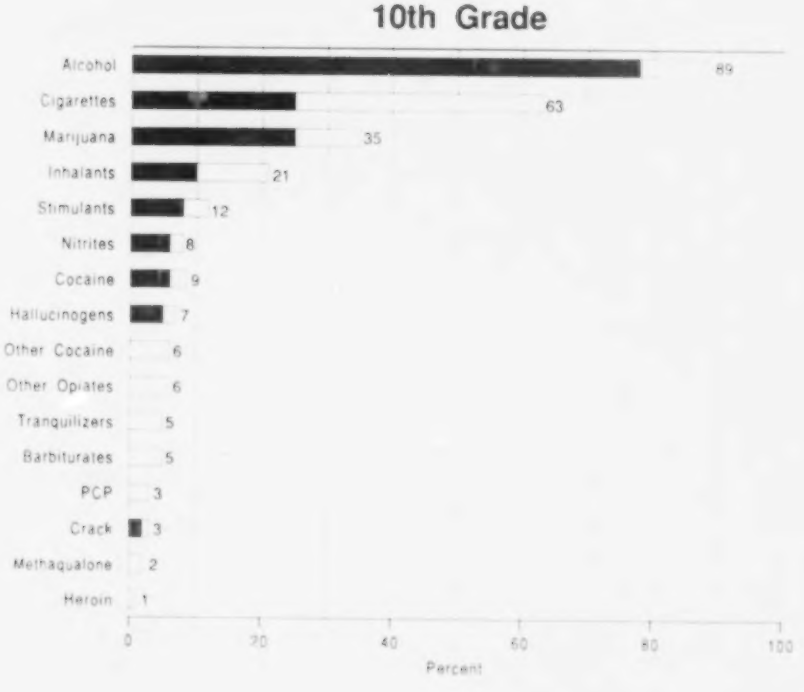
Drug Use at the Elementary Level

Pressure to use drugs begins early. At the elementary level, the influence of parents and siblings is particularly strong, and authority figures such as teachers also play an important role in a student's life. Schools therefore should not wait until middle school or junior high to introduce drug education and prevention programs. Prevention must begin early—in preschool and kindergarten—with programs that emphasize learning about alcohol and tobacco, the gateway drugs.

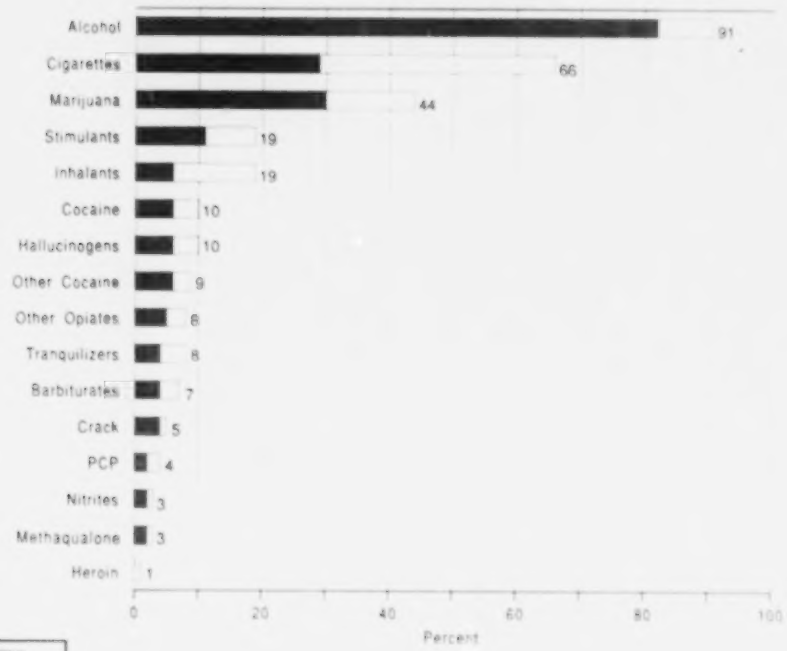
DRUG USE BY GRADE LEVEL

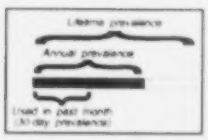




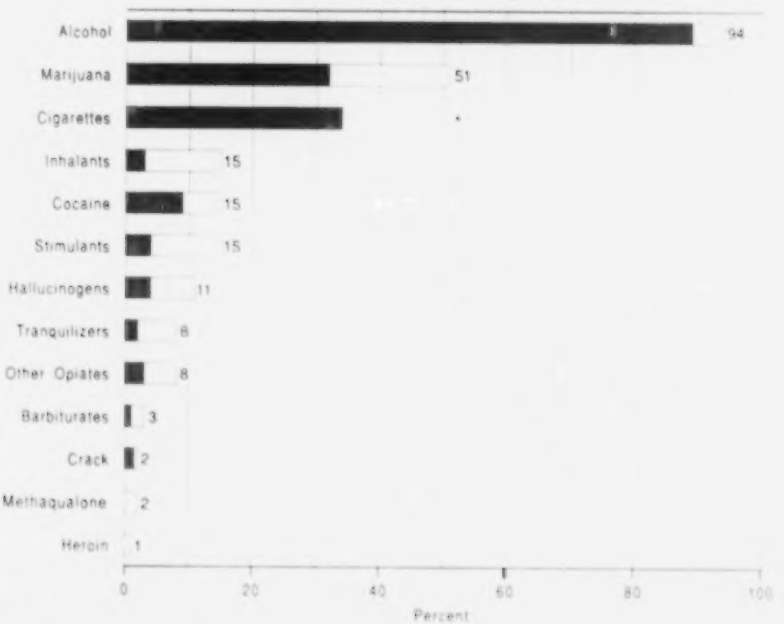


12th Grade





College Students
1-4 Years Past High School



*Unavailable

Sources: NASHS 1987; Johnston, et al. 1989

Drug Use at the Middle School and Junior High School Levels

The patterns of drug use begin to change dramatically in the middle grades. The type of drugs used and the amount of drugs used increase, and the people who have influence on the youth begin to change.

By the sixth and seventh grades, students begin to become more influenced by their peers. They want to be independent from their families and to be accepted as part of a peer group. They will do whatever their group does. As patterns of drug use begin to change, drug prevention programs must change. What works at the elementary level probably will not work at the middle school and junior high levels.

"I like to talk to kids about the 'light bulb effect' of drugs, because people often are drawn to drugs like a moth to a light bulb, and it destroys them the same way that the light bulb destroys the moth."—*Dr. Scott Thomson, National Association of Secondary School Principals*

Drug prevention programs must broaden their scope of services and include ways to help identify drug-using students and refer them for counseling and treatment. In addition, because of the influence of peers at this age, prevention and education programs should concentrate on programs that develop resistance skills as well as interpersonal skills. Students at this level also need safe alternatives to the street, including activities organized by schools, religious institutions, and communities.

Drug Use at the High School Level

Drug use continues to increase as students advance through high school, but the rate of increase between tenth and twelfth grades is somewhat slower than at lower grade levels (see Figure 1).

"We looked at those people who were 18 to 21 who reported less than 12 years of education and found [drug] use in that group was 67 percent higher than in the general population."—*Dr. Edgar Adams, National Institute on Drug Abuse*

Although it is not too late to begin drug education and prevention programs in high school, programs are much more effective if they begin earlier, at the elementary school level, and continue through high school. Programs at the high school level should help students overcome their involvement with alcohol and other drugs and provide services to help students cope with problems that may be related to drug use, such as dropping out, teenage pregnancy, and juvenile delinquency. At the high school level, alcohol and drug programs appear to work more effectively when conducted in small peer groups that focus on sharing experiences, ideas, and feelings.

The School Dropout Problem

The true picture of drug use by high school-age students is skewed, rather significantly in some areas, by the number of young people who drop out or are pushed out of school during their high school years. Many of the students who are most heavily involved in drugs are not in school and are not counted in any student drug use surveys.

Although the Commission investigated the drug problem primarily within schools, it also is concerned about those students who leave school before graduating and do not benefit in later grades from school-based prevention programs. These young people, who have the most to gain from effective

drug prevention programs and support services, are becoming lost between the cracks in our society. Although dropouts no longer are involved in daily school activities, they often have a negative influence on their peers and the community and cannot be ignored. Dropping out is correlated strongly with drug use and crime.

- In 1988, nearly 13 percent of all 16- to 24-year-olds—or 4.2 million young adults—had left high school without graduating. (National Center for Education Statistics, U.S. Department of Education, *Dropout Rates in the United States: 1988*, September 1989)
- About 17 percent of the students who were high school sophomores in 1980 failed to graduate with their class in 1982. The rates for Hispanic and black students were much higher than the average: 28 percent and 22 percent respectively. (National Center for Education Statistics, *The Condition of Education 1990*)
- Data collected by the National Institute of Justice's Drug Use Forecasting (DUF) program on adults in 22 cities who were arrested for a variety of crimes indicate that half of all male and female arrestees had dropped out of school before grade 12. In some cities and among specific ethnic groups, this rate was as high as 81 percent. (National Institute of Justice, September 1988)

"At the college level, other issues are related to substance abuse, because over 60 percent of acquaintance or date rapes occur as a result of some sort of alcohol or other substance abuse."—*Katie Deedrick, Wright State University*

Drug Use at the College Level

Drug problems among college and university students are similar to those of graduating high school seniors. This is not surprising because colleges do not take drug use into account when accepting students for admission. Colleges consequently accept students who may already be heavily involved in illegal drugs.

College life does little to reduce an already high rate of alcohol and drug use. The culture, attitudes, and socialization process of colleges, especially colleges with fraternities and sororities, often promote rather than prevent alcohol and drug use. Further, colleges have not been under the same pressure as elementary and secondary schools to develop and provide drug prevention policies, programs, and services. Policy development at the college level has been complicated by a reluctance to infringe upon the rights of older students to drink and smoke. Colleges tend to opt for "responsible use" policies, rather than strict no-use policies for underage students.

Colleges should not allow students with drug problems or potential problems to attend their institutions without providing them drug education, intervention, and referral for treatment. Because the college population is both older and more diverse than the elementary or secondary school population, and because many alcohol and drug use patterns have already been established, drug prevention programs and services and the way they are presented must be different than those for younger students. The important point, however, is that drug education, prevention, and treatment should not end upon graduation from high school.

In a recent survey of 382 college presidents about their social concerns on campus, 52 percent said the quality of campus life was of greater concern now than it was a few years ago. They most frequently identified drug abuse, primarily alcohol, as their biggest concern, followed by student apathy and crime. *(Carnegie Foundation, 1990)*

"The numbers are so overwhelming. Last year at Ohio University, we had 2,100 violations of the student code of conduct; 1,500 of them were alcohol-related."—*David Stone, Ohio University*

Part II

STUDENTS' VIEWS ON ALCOHOL AND OTHER DRUG PROBLEMS

Within the past year, the Commission heard testimony from more than 1,000 students in grades 1 through college and from school dropouts. All were anxious to tell Commission members their views on the drug problem and on drug prevention programs. Because any effort to eliminate drug problems must have the cooperation and support of young people, and because drugs have had such a significant impact on them, the Commission has given students' views much consideration in its findings and recommendations.

The following views summarize the *recurring statements* or opinions of a *majority* of students who spoke to the Commission.

An assortment of drugs is available to students.

Students in every school the Commission visited—urban, suburban, rural, elementary, secondary, and college—said that all drugs, from alcohol to crack cocaine, are readily available to anyone who wants them. Although the schools are not the central marketplaces for drugs, they are "information exchanges" about where to buy drugs, and drug deals sometime take place in school parking lots and stadiums.

"For people to get involved in trying to solve a problem, they have to feel that the problem affects them personally. If they feel that their school is a small community, and that they must control what happens in their community, they will feel that drugs should not be a part of it."—*Kimon Washington, student, Johnson High School, Montgomery, Alabama*

Students begin using drugs for a variety of reasons.

There is no one reason why students begin using drugs. Younger students say curiosity and peer pressure are primary factors, whereas older students tend to have more psychological motivations, such as feelings of hopelessness and helplessness, a search for escape from boredom or everyday pressures, curiosity, pleasure, attention, and acceptance by parents, siblings, and peers.

"Drug dealers usually sell a lot of drugs to kids because kids think that it solves their problems, and they think it is cool. Also they buy it since some parents don't take time to sit and talk to them about drugs."—*Joseph Martinez, student, Public School 91, New York, New York*

Students think that alcohol, tobacco, and, to a lesser degree, marijuana have no significant negative effects.

Many students think using drugs like alcohol, tobacco, and marijuana is "adult," acceptable, and, in some circles, fashionable. Underage students strongly believe that there is nothing wrong with smoking cigarettes, drinking beer, or becoming drunk. College students—even those under age 21—consider drinking alcohol a rite of passage to adulthood, and they openly flout laws against underage drinking.

Advertising makes alcohol and tobacco use seem glamorous and legitimate.

Many students said that alcohol and tobacco advertising makes them feel that using these drugs not only is okay, it is essential to be accepted. Some students said they have never seen advertisements or product warnings that say alcohol and tobacco use is illegal for people under the legal age or that show the negative consequences of using these drugs.

"For college students, to have fun is to party and to party is to drink."—*Scott Berry, student, University of Minnesota*

Students have not been held accountable for using illegal drugs, particularly alcohol and marijuana.

Most students said that, although there is a significant amount of drug use among students, there are few consequences. Some students confessed that they had illegally used alcohol or marijuana, but few said that they had ever been arrested or even held responsible for their actions by their parents.

Students disrespect the legal system when laws are not enforced.

"As for the drug dealers, I would make it my business to put them in jail for 50 years or more. I would also make sure they don't get parole because of all the damage they have done to children and our streets."—*Rita Martinez, student, Public School 19, New York, New York*

Students know who is using and selling illicit drugs. They cannot understand why their teachers and the police do not know or, if they do know, why they do nothing about it. Students said drug dealers, especially the small-time drug dealers (primarily other students) who prey on school-age students, are openly disobeying the law and getting away with it. They have little respect for police or others in a position of authority who do little to stop obvious illegal activities of fellow students.

Most students believe those who use drugs like cocaine and heroin deserve medical treatment and drug dealers should be prosecuted.

Students perceive drug use as a disease that needs to be addressed through treatment programs rather than through the legal system. Students are adamant, however, that drug dealers should be arrested and prosecuted to the fullest extent of the law. Most students said people convicted of selling illicit drugs, including students, should be jailed.

Many parents tacitly or openly allow drug use.

Many students said that their parents know that they use alcohol, tobacco or even marijuana but do little to stop them, hoping that they eventually will stop using drugs on their own. Other students said their parents openly permit them to use drugs such as alcohol, tobacco, and marijuana as long as they do not use drugs like cocaine or heroin.

"There is really no cooperation between law enforcement, the community, and the administration at my college [regarding alcohol and other drugs]."—*Eric Mast, student, Elon College*

School policies on alcohol and tobacco are seldom reinforced by parents and the community.

Many students said that although their schools established firm policies prohibiting the possession and use of alcohol and tobacco, the policies were inconsistent with what happens in families and the community. Students said, for example, that schools may establish and enforce firm policies against alcohol, but that police ignore underage drinking outside school.

Students think that many teachers simply ignore drug use.

Some students said that their teachers act as if teaching their subject matter were their only responsibility. Students think that teachers who ignore blatant drug use are showing they do not care about their students.

Most students believe that they know more about drugs than their parents, teachers, or school administrators do.

Students think that the adults around them do not grasp the true extent of the school's drug problems or of their own drug problems. Students also think that most adults around them do not have the training and expertise to help young people with these problems.

Many students are cynical about school drug education programs.

For the most part, students criticize the quality of drug education. They think materials and course work are overly simplistic, naive, boring, and generally irrelevant to their decisions to use or not use drugs. Many students are unsure whether their schools have a drug program.

Students listen to other students.

Students think interactive programs such as peer counseling, support groups, and classroom group activities are good prevention techniques.

Students want more assistance programs and after-school activities.

Almost all students think that anyone who wants help with drug problems should be able to get it at school. They also think schools should offer a wide variety of extracurricular activities to give students healthy alternatives to drug use. Many students said schools should have support programs for students whose parents or siblings use drugs.

Parents' standards influence student drug use.

Many of the students who do not use drugs gave as a reason, "My parents would kill me," or, "I wouldn't want to disappoint my parents." Students believe that their parents' expectations that they would not use drugs, as well as open communication with their parents, help them to resist drugs.

"It's our choice as students to make the decision whether or not to use drugs. We need to be the ones who do not use drugs, to make the impact on the ones who do and give them another way to go. We need to be the ones to invite them to do things with us and show them that they can have a good time without drugs and alcohol."—*Elizabeth Price, student, Opelika, Alabama High School*

"There are many factors which have influenced me not to take drugs or alcohol....My parents are first on the list."—*Karl Miller, student, Southfield, Michigan, High School*

Part III

RESPONSIBILITIES

Many of the factors that cause drug problems are beyond the influence and ability of schools to resolve. The schools nevertheless are faced with drugs and other social problems that affect student performance, and, by default, they are called on to help solve these problems. The Commission believes that, while schools have a major responsibility for preventing drug use, they cannot do it alone. The Commission therefore recommends to the President and Congress various ways that students, parents, schools, community agencies, the private sector, and government should contribute to drug prevention efforts. Making schools and communities drug-free is a shared responsibility that requires effort from every segment of society.

"It takes a village to raise a child."—*African proverb*

Research shows that drug prevention efforts are most effective when they extend beyond the school day and involve a variety of people from the community. Indeed, the Commission found that every school that had made great strides against drugs had done so with considerable help from people outside the schools. Everyone has both individual and collective responsibilities in preventing drug use. A chart included with the report suggests specific ways individuals and organizations can fulfill the roles outlined below:

"It has got to be all of us looking for solutions together. We can't just point the finger and say only one of us is responsible."—*Clementine Barfield, Detroit, Save Our Sons and Daughters*

- **Students.** A student's first responsibility is to remain drug-free and to comply with family rules, school policies, and community laws. Students who experience problems with drugs should seek help and must be prepared to accept the consequences for their behavior. A student's second responsibility is to help others with drug problems. Students listen to other students and should encourage others through words and actions not to use alcohol and other drugs.
- **Families.** Families are the first line of defense against drugs, and the standards of behavior they establish at home are the strongest inducements for children to stay off drugs. Parents should make it clear to their children that they will not tolerate the illegal use of any drugs, including alcohol. Parents must reinforce the rules of the school and community and hold children accountable if they break the rules. Parents also should work with other parents, the schools, and the community to ensure that drug prevention policies and programs meet their expectations and that laws and policies are enforced.

"Solving the drug problem will take all of us, but facing the drug problem must begin at home. Families need to play an integral role in drug prevention and education or they handicap their children as they try to cope with an imperfect and dangerous world." —*Manya Ungar, Commission member*

- **Schools.** Keeping students drug-free is but one objective of schools and colleges, and it is important for the rest of society to understand the many demands that have been placed on our educational institutions. But it also is important for schools at all levels, from

"We believe that substance abuse is a community problem, not just a school problem. We believe that substance abuse is a symptom of a larger issue in the community, and not the sole ill of that community. We believe that education is the primary tool for addressing substance abuse, and [drug education] should begin as early as possible."
—Dr. Marian Stevens, Osborne High School, Stafford, Virginia

preschool through college, to recognize and accept that a drug prevention curriculum alone is not sufficient. Curriculum must be supported by school policies, programs, and services that consider the prevention needs of students both in and out of school. As the primary institutions outside the family through which we educate and prepare young people to become responsible citizens and future leaders, schools and colleges are the linchpin of our national strategy for drug prevention. Comprehensive drug prevention programs are essential for schools to be able to fulfill this important role in our war on drugs.

- **Community.** In every community, many people and organizations play important roles in the lives of young people and can reinforce the school's drug education and prevention efforts. Religious institutions and civic groups can provide critical moral leadership and guidance; law enforcement can keep schools and neighborhoods safe; health and social services can treat students with drug problems; and businesses can provide schools volunteer tutors and technical assistance. Community groups may need to reach out beyond their traditional roles to become involved in individual students' lives and problems. Every community group can contribute to prevention efforts by seeking grass-roots support from its members.
- **Government.** Government's primary responsibility in making our schools drug-free is to provide leadership and direction. Leadership means ensuring that adequate funds for drug prevention programs are appropriated and spent wisely, that research is conducted, and that schools get help in developing and operating their programs. It also means serving as role models for the entire community, and providing the moral leadership necessary for our young people to resist drugs.
- **Media.** The media—television, videos, radio, movies, music recordings, newspapers, and other publications—has exceptional power to influence children, either constructively or destructively. Many students spend more time watching television or videos than they do attending school or engaged in family, religious, or community activities. The media, therefore, has a tremendous capacity to inform students about the hazards of drugs and alternatives for young people.

"Media people, just like everyone else, hold a stake in the community. The media can play a very positive role in our efforts to end drug abuse."—*Judson Randall, The Oregonian*

EXAMPLES OF COMMUNITYWIDE PREVENTION EFFORTS

Task forces are considered so important to prevention efforts that the **Robert Wood Johnson Foundation's "Fighting Back" Program** requires all grant applicants to establish a citizens' task force and a communitywide

consortium representing businesses, schools, parents, and others. "Fighting Back" is providing $26.4 million in grants over a seven-year period to support initiatives in U.S. communities that consolidate resources and create a single communitywide strategy for drug prevention, early identification, treatment, and aftercare. Grantees develop a prevention and treatment system that comprises a comprehensive prevention program for children, adolescents, and young adults; prevention training for parents, teachers, and coaches; and policies for early intervention and referral for treatment, including student assistance programs in schools and on local college and vocational school campuses. The Department of Health and Human Services is providing $46.7 million in fiscal year 90 and $98 million in fiscal year 91 for similar community partnership efforts.

Two examples of effective task forces are those in Miami, FL, and Orange County, CA:

The **Miami Coalition for a Drug-Free Community** is a community organization dedicated to solving problems related to the availability of illegal drugs in Southeastern Florida, especially drugs from overseas. Eight task forces under the coalition umbrella develop strategies for schools, families, and neighborhoods, the workplace, religious organizations, the media, law enforcement, and treatment and rehabilitation. The coalition, a 501(c)(3) not-for-profit corporation, is supported by private-sector contributions. School-based prevention efforts include Project TRUST (To Reach Ultimate Success Together), a student assistance program providing drug abuse counseling and curriculum, and the CATS (Community Action Team Specialists) program, which coordinates the delivery of community support services to students.

"People across the nation want to help young people and are willing to work hard to do this. In most cases, they just don't know what to do."
—Ricki Wertz, National Media Outreach Center

The **Orange County Substance Abuse Prevention Partnership** (OCSAPP) was established in 1987 by the Orange County Health Care Agency Drug Program and the University of California, Irvine. The partnership consists of 40 organizations representing education, county and city government, business and industry, law enforcement, religious organizations, parent groups, and the military. OCSAPP coordinates all alcohol and other drug prevention efforts among member organizations. Among OCSAPP's top priorities are projects targeted at high-risk youth, including one that coordinates school, police, probation, and community group efforts to keep younger siblings of gang members off drugs. OCSAPP also is working with schools on a model alternative program to get youths involved in healthy activities.

Additional information on other business-school partnerships can be obtained from the Department of Education's Business and Community Liaison Office, (202) 401-3060.

Part IV

RECOMMENDATIONS

MOBILIZING THE COMMUNITY AND ASSESSING THE DRUG PROBLEM

Schools, colleges, and communities need strategies to address their drug problems, but before they can create a strategy, they must acknowledge that they have drug problems. They must understand the nature of those problems and agree to work together to solve them.

Discussing drug problems, however, can be very difficult because drug use, especially among young people, is an emotional issue. In well-meaning efforts to protect students and the reputations of schools and the community, some school officials, parents, and others resist public acknowledgment or discussion of drug problems. As a result, schools and communities often deny drug problems or attempt to minimize the extent of their problems.

The Commission found that one of the most effective ways of overcoming resistance to assessing drug problems is to create a task force to conduct an objective survey and to review school and community policies, practices, and resources. A task force can provide the impetus and authority for schools and the community to sit down together to discuss drug problems and possible solutions. A survey of drug problems provides the basis for developing a comprehensive drug prevention strategy.

"What was frightening to us was not only the drug problem but also the beginnings of an acceptance that the problem could not be solved, that the problem was too big, that it was too complicated, that we would simply have to learn how to live with illegal drugs and substance abuse in American society. We said we don't agree with or accept that—it's tearing apart our families, friends, neighborhoods, and cities, and we have to figure out how to stop it....So we went to work."*—Dr. Edwin Foote, University of Miami*

❖ *COMMISSION FINDINGS*

Although many school districts have established task forces (or advisory councils) so they can receive federal Drug-Free Schools and Communities Act funds, few of these groups are active in the development of comprehensive drug education and prevention programs.

Few communities have organized an advisory body to coordinate action on school and college drug problems.

Local police departments often are excluded from task forces which analyze school or college drug problems.

Although many schools and colleges have conducted surveys of their drug problems, most of the surveys are inadequate because:

—they do not collect enough information to allow schools to design specific education and prevention programs;

—they are not conducted regularly; as a result, schools cannot measure their progress toward becoming drug-free;

—they fail to identify students at high risk of drug use;

—they do not include an evaluation of the effects of the schools' policies and programs on drug use; and

—they concentrate on students and ignore staff members.

"Denial of drug abuse problems—and especially those involving alcohol—is a major barrier to action."*—Ray Rudzinski, Wisconsin School Boards Association*

Many schools do not have the technical expertise or funds needed to conduct thorough drug use surveys.

❖ *RECOMMENDATIONS*

School superintendents and college presidents should establish a drug education and prevention task force to assess drug problems, student and staff attitudes, and the relevant policies, practices, and programs of the school.

The task force should include a broad range of people from the school or college community—teachers, parents, board members, administrators, and students—to ensure that assessments are comprehensive and objective. Large or diverse school districts should make sure that their assessments collect sufficient information to allow them to develop programs to meet the needs of individual schools or individual schools may wish to have their own task forces. School districts that already have a drug education and prevention advisory council should use this group to conduct an assessment and should not set up a separate task force.

The primary instrument used to assess the school or college drug problem should be a comprehensive survey. The survey should be conducted every two or three years and should provide information on the extent of drug use, attitudes toward drug use, types of drugs used and places where they are used, and factors that may contribute to drug use. The survey should also examine the effectiveness of school antidrug policies and programs and identify prevention needs and resources in the school and community. The task force should use survey results to develop a long-range drug education and prevention strategy.

The Commission recognizes that conducting such a survey can be costly. The Commission believes, however, that the costs to local schools, colleges, and communities can be reduced considerably by assistance from the federal government in the development of a model survey instrument and assistance from state governments in the development of central centers to analyze the survey data.

Each community should establish a drug prevention task force to analyze the extent of drug problems within the community and develop strategies to address problems.

The task force should include parents, local police officials, clergy, medical professionals, business leaders, law enforcement and juvenile court officials, and representatives from civic organizations, youth groups, parks and recreation associations, the news media, and groups with expertise in drug treatment. To coordinate school and community strategies, the community task force should include representatives of school districts and colleges.

The community task force should conduct an assessment of community problems with drugs. At a minimum, the task force should evaluate law enforcement efforts and prevention and treatment programs to determine whether their policies are consistent with the policies of local schools and colleges. The task force also should inventory all community service programs to determine how they could help school prevention efforts. The assessment should include information about dropouts and pushouts, who generally are at higher risk of drug use and do not have

"Seven years ago, many schools were reluctant to admit the seriousness of the problem, because they did not want to be labeled as a party school or a school that had a significant drug problem....We believed that we could not ignore this problem simply because of public relations...[and] took ownership of the problem."—*Michael Smith, Central Catholic High School, Toledo, Ohio*

"I'm often asked how we know our program works. We ran our first systemwide survey in 1981. Since then, we have had a survey every two years, and each survey shows a decrease in drug use. We use this as a motivation to continue our program, because we see good things happening."—*Don Grubbs, R.H. Watkins High School, Laurel, Mississippi*

access to school-based prevention programs. The task force should use the results of the assessment in the development of prevention programs.

Congress should consider amending the Drug-Free Schools and Communities Act to expand the responsibilities of advisory councils.

Under the provisions of the Drug-Free Schools and Communities Act, school districts or consortia that wish to receive funding are required to establish local or regional advisory councils on drug abuse education and prevention. The legislation, however, does not assign the councils any specific goals or responsibilities. Local advisory councils have the potential to identify problem areas and create strategies to tackle their communities' problems. For this reason, the legislation should be amended to require advisory councils to accomplish certain objectives related to assessing school districts' drug problems (refer to Task Force Responsibilities).

The Departments of Education and Health and Human Services should develop and encourage the use of model survey instruments and assessment standards.

Comprehensive assessments are complex undertakings, and many schools do not have the expertise or resources to develop such surveys. The Departments of Education and Health and Human Services are encouraged to continue efforts to simplify the assessment process by developing model survey instruments and standards for schools, and especially for colleges. Developing and disseminating a model survey instrument is essential for collecting data that can be compared within school districts and states and nationally.

While Americans support all of the national education goals adopted by President Bush and the nation's governors in February 1990, more persons assigned a very high priority to the goal of having every school in America free of drugs and violence than to any of the other five goals. Americans also rated this goal as the least likely of the goals to be attained by the year 2000. ***(22nd Annual Gallup Poll of the Public's Attitudes Toward the Public Schools, September 1990)***

Task Force Responsibilities

Although school and community task forces share responsibility for leading drug prevention efforts, each has specific tasks. The school task force should

- represent the school community;
- understand drug dependency;
- inventory and evaluate school policies and programs and recommend changes as appropriate;
- develop drug education and prevention goals and strategies for the school;
- help develop school antidrug policies;
- align drug education and prevention needs with resources by linking schools with law enforcement and community services;
- identify people who deserve recognition for their prevention efforts;
- survey student attitudes and use; and
- publicize drug prevention activities.

The survey should

- provide statistical data on drug use;
- inform school officials, parents, and the community about the extent of drug problems and help identify when drug use begins, what drugs are being used, and what kinds of students are at greatest risk of drug use;
- provide base line information for subsequent surveys, so educators can measure the impact of new policies and programs as well as any changes in attitudes and behavior toward drugs; and
- provide information that may help dispel the notion that everybody or nobody is using drugs.

The Community task force should

- represent schools and the community;
- understand drug dependency;
- assess community policies and practices regarding alcohol, tobacco, and other drugs;
- inventory community programs for drug education, prevention, and treatment;
- help develop a drug education and prevention strategy for the community, including assigning responsibilities to all agencies and organizations;
- provide support for school policies and programs;
- identify and target support for high-risk youth;
- coordinate delivery of community services; and
- publicize its activities.

EXAMPLES OF METHODS FOR ASSESSING THE DRUG PROBLEM IN SCHOOLS

Several states and prevention organizations have developed survey instruments for schools and offer services to tabulate results. Before administering any survey, schools should ensure that the survey complies with all federal, state, and local rules and regulations regarding privacy of students, staff, and families. The following are examples of available assessment tools:

"What kids see is what they do, no matter what we say."
—Rosanna Creighton, Citizens for a Drug-Free Oregon

The Michigan Alcohol and Other Drugs School Survey Package was developed by the State of Michigan Department of Education and the University of Michigan for use by local school districts. The package, which costs $1.25 to $2.25 per participating student, contains (1) a self-administered student survey questionnaire for grades 8, 10, and 12 that measures student drug use, attitudes, and related issues, including drinking and driving; (2) a report of the district's survey results by grade compared with national norms, and by school; (3) a questionnaire to be completed by a school district staff member assessing the district's current prevention efforts; and (4) a guide for administrative action based on the results of the student survey and the inventory of policies and practices.

Kansas provides an **Evaluation System for School-Based Prevention Programs** free of charge to all state schools. Surveys of student drug use and attitudes are available for grades 5–12, and schools are encouraged to survey students both at the beginning and at the end of a school year. Schools receive a computerized report of survey results comparing their students by grade and sex with a composite of all other students in the state by grade and sex. Participating schools also are requested to complete a survey about their prevention programming, and these activity surveys are correlated with the results of student surveys for statewide evaluation of programs.

Project SMART (School Management and Resource Team) is a data management system that consists of (1) a Safety and Security Audit to assess

a school district's policies and practices regarding drugs, crime, discipline, and student/faculty safety; (2) an Incident Profiling System that uses computers to record and analyze data describing *patterns* of disruption and crime within each school by period of day and day of week; (3) SMART Teams at both the local school and district office levels that develop, implement, and monitor monthly intervention action plans targeted to a specific problem area such as alcohol use in the school; and (4) Interagency Teams that coordinate a response to the youths who commit crimes on school grounds. Developed jointly by the U.S. Departments of Justice and Education, Project SMART has been field tested and refined over seven years to create a set of documents that allow a school district to implement the program without extensive technical assistance. Project SMART documents are obtainable free from the National Institute of Justice.

POLICIES

Policies form the foundation for a disciplined, safe school environment. Policies send an explicit message about the rules of the school and an implicit message about the rules of society. The best school policies are clear, direct, firmly and consistently applied, and perceived as fair and appropriate by students and staff. The most promising drug prevention program is undermined if school policies are not consistent with the program.

Schools need to teach students the dangers of drugs, including alcohol and tobacco, and provide positive role models of drug-free lives. Schools also have a larger mission—instilling in students a sense of purpose and dedication, responsibility for their actions, and respect for society's laws. This larger mission has an infinitely greater chance of success if drug prevention programs are reinforced by clear policies.

Of 167 Indiana high school principals who responded to a survey conducted by U.S. Senator Dan Coats, 76 percent reported having to take disciplinary action against illicit drug use in the 1988–1989 school year; 53 percent reported from one to five cases of drug use; 13 percent reported from five to ten cases; and 10 percent reported more than ten cases. In the same survey, principals reported fewer cases of alcohol abuse requiring disciplinary action than cases of illicit drug use. Researchers believe that policies on alcohol and on illicit drugs may be equally tough but are enforced differently. ***(High School Principals Speak Out: Views and Opinions on Drug Abuse Education in Indiana, 1990)***

❖ *COMMISSION FINDINGS*

Although most schools have policies on the use, possession, and distribution of drugs at school, these policies are not always effective because they:

—are not enforced consistently;

—do not apply beyond the school day or building;

—ignore the possession or use of tobacco; and

—are not reinforced by parents and the community.

Many schools and colleges treat violations of law merely as violations of school policy and do not refer them to local police.

Many schools and colleges create policies in a vacuum without the involvement of students, parents, or local police, and they do not seek support for policies or inform the community about policy changes.

College drug policies often urge "responsible use" rather than "no use" of alcohol for underage students.

Some short-sighted school policies increase problems for the community by calling for suspension or expulsion of students who violate drug policies without providing reasonable alternatives.

❖ *RECOMMENDATIONS*

All schools should build upon existing law and develop comprehensive policies on the possession, use, distribution, promotion, and sale of drugs, including alcohol and tobacco; specify sanctions for policy violations; and provide all students and parents copies of policies.

"If a school district cannot state in one or two or three sentences, in a single breath, what's going to happen if you do break the drug policy, much of the force of that message is lost."—*Mr. Steven Griffith, Portland Public Schools*

No local educational agency is eligible to receive federal funds unless it certifies that it has adopted and implemented a program to prevent the use of illicit drugs and alcohol. The program is to include standards of conduct that prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol on school premises and activities. Sanctions for violating the standards are also to be developed. School officials should view the legal requirements as minimum standards. They should work with their drug education and prevention task force to develop more comprehensive policies. Policies should extend round the clock to include behavior en route to and from school, during extracurricular activities, and at all school-sponsored functions. Policies should specify sanctions so that students are aware of the consequences of violating them and should be applied fairly and consistently. (See "Elements of a Comprehensive Policy" in this chapter.)

Colleges should develop and enforce policies that prohibit the use of all illegal drugs.

Over the past several decades, colleges have moved away from serving *in loco parentis* (in the place of parents) to a position of passive acquiescence to students. Colleges cannot afford to be passive about illegal drugs. They must aggressively attack drug problems including alcohol regardless of opposition from students, faculty, or alumni.

Colleges must develop policies that acknowledge that some of their students (approximately one third of the total college population) cannot legally consume alcohol. Policies must state clearly and explicitly that anyone younger than the legally permissible age is prohibited from using alcohol and tobacco, and that the use, possession, distribution, promotion, or sale of illegal drugs is prohibited for all students and staff. All parents and students must be made aware of college policies through admissions applications, acceptance letters, orientation programs, letters to parents, and other means. Finally, colleges vigilantly must enforce their policies and local and state laws.

Local police departments should work with schools and colleges to develop and enforce school and college policies on drugs, including alcohol and tobacco.

Cooperation between school officials and the local police is essential to effective drug policies. Many drug violations that take place on school grounds are also violations of law. Many schools and colleges, however,

treat violations of law only as violations of school policy. Many schools perceive themselves as separate from the community and discourage local police presence at school or on campus. Students need to be held accountable for their actions and must learn that there are consequences for breaking the law. Schools and colleges and their local police departments should develop agreements on specific responsibilities of school officials and police, including when school officials should contact police to enforce laws on school property. Schools should also seek the advice of local police in developing and enforcing school drug policies.

"A school's decision to respond aggressively to student alcohol and other drug use through the development and enforcement of strong and reasonable policies and the implementation of a comprehensive substance abuse education program can have a constructive, enduring impact on all students. For non-drug using students, the school's stance serves to protect the "healthy" majority; and...the policy helps ensure an environment where learning can occur."—*Judith A. Billings, State Superintendent of Public Instruction, Washington*

Parents should work with schools and colleges to develop and enforce drug policies.

Parents can reinforce school or college antidrug policies by participating in policy development and by making sure that their behavior is consistent with policies. Schools and colleges often ignore the views of parents on policies and sanctions, even though their support is critical. No drug policy should be developed without parental involvement.

The Department of Education should monitor closely the development and enforcement of school and college antidrug policies.

The Drug-Free Schools and Communities Act (as amended in Section 22 of P.L. 101-226) requires all school districts and colleges that apply for federal funds to develop and enforce policies on the possession, use, and sale of alcohol and other drugs. The Department of Education, in cooperation with state education agencies, must ensure that policies are enforced and must take prompt action against schools that do not comply.

All private-sector employers should enforce school alcohol and tobacco policies on the job for employees under age 21.

Schools should work through community task forces and with local chambers of commerce and other private-sector individuals and groups to ensure that school policies prohibiting the use of alcohol and tobacco are distributed to employers and are enforced by businesses that employ students who cannot legally use these drugs. Business and industry support of school policies prohibiting the use of alcohol and tobacco will strengthen school-community partnerships and reinforce drug prevention efforts.

"At the college and university level, we need to say the kinds of things we have talked about in high school. That is, colleges need to take a very firm policy that drug use is not acceptable on campuses."—*Dr. Herbert Kleber, Office of National Drug Control Policy*

Elements of a Comprehensive Antidrug Policy for Schools

All drug prevention policies should state that the possession, use, promotion, distribution, or sale of all drugs, including alcohol and tobacco will not be tolerated. Policies should apply to students, school staff, and anyone attending school functions. Responses to policy violations by students and staff should reflect a range of appropriate punitive and rehabilitative measures, and every violation, regardless of how minor, should receive a response. Policies should specify at least the following items:

- The philosophy of the school board and the schools' goals for drug education and prevention.
- A description of what constitutes a drug offense.
- A definition of key terms, specification of times and places that policies apply, and the responsibilities of people who implement the policy.

- Rules and regulations:
  - strict no-use of drugs;
  - sanctions reflecting the seriousness of the violation, with repeat or more serious offenses subject to increasingly harsher measures;
  - documentation of all drug violations to be used in due process procedures and in drug assessments;
  - required reporting of all violations of law to police;
  - procedures and conditions for locker searches;
  - procedures and conditions for drug testing; (see page 71)
  - due process guidelines on reasonable suspicion of drug use, search and seizure, confidentiality, and procedures for suspension and expulsion;
  - guidelines for notifying parents; and
  - guidelines for drug intervention and referral for treatment, including at the elementary level.
- Responses to violations:
  - mandatory participation of a parent in deliberations over student violations (elementary and secondary levels);
  - referral to counseling and/or treatment;
  - mandatory participation in drug education and prevention classes;
  - participation in Alcoholics Anonymous, Narcotics Anonymous, or other support groups;
  - community service;
  - before- or after-school detention;
  - in-school or out-of-school suspension;
  - placement in an alternative education program;
  - expulsion of students; and
  - termination of school employees.
- Procedures for communicating policy to students, staff, and parents.
- Steps to implement and enforce policy.
- Steps to evaluate success in meeting goals and to update policy.

RISK MANAGEMENT PLAN FOR COLLEGE FRATERNITIES

At the college and university level, alcohol use is a special problem, both because alcohol is legal for students over age 21 and because alcohol traditionally has been widely abused on college campuses by students of all ages.

To address problems with alcohol, the **Phi Kappa Tau National Council of College Fraternities** adopted a risk management plan in August 1988. The plan requires every chapter to appoint a committee to review all areas of potential liability and to create a risk management plan that includes the following rules and regulations for all social activities:

1. The illegal use, possession, sale, or distribution of any controlled substance, including alcohol, at chapter functions shall be strictly prohibited.

2. No alcoholic beverages may be purchased through the chapter treasury, nor may they be purchased for members or guests by

any member in the name of or on behalf of the chapter. In addition, the purchase and/or use of a bulk quantity of such alcoholic beverage (i.e., kegs) is prohibited.

3. No chapter members, collectively or individually, shall purchase for, serve to, or sell alcoholic beverages to any minor (i.e., those under legal drinking age).

4. The possession, use, and/or consumption of alcoholic beverages while on chapter premises, during an official fraternity event, or in any situation sponsored or endorsed by the chapter must comply with all applicable laws of the state, county, city, and university.

5. No chapter may cosponsor an event with an alcohol distributor, charitable organization, or tavern where alcohol is given away, sold, or otherwise provided.

6. No chapter may cosponsor or cofinance a function where alcohol is purchased by any of the host chapters, groups, or organizations.

7. All rush activities associated with any chapter will be alcohol-free functions.

8. Open parties where alcohol is present and to be consumed, meaning those with unrestricted access by non-members of the fraternity and without specific invitation, shall be prohibited.

9. No member shall permit, tolerate, encourage, or participate in "drinking games."

10. No alcohol shall be present at any associate member program or activity of the chapter.

"During my research in the Los Angeles area, I interviewed a couple of gang members. They said that the schools are doing some really neat things, but the problem they have in terms of prevention and intervention is they target mainly kids in the sixth grade. That's too late."—*Carlos Jimenez, Institute of Human Resource Development, Salt Lake City, Utah*

DEVELOPING EFFECTIVE PROGRAMS

Programs and activities teach students about the dangers of drug use and help them develop the knowledge and skills to resist drugs. No drug prevention program, however, can guarantee immunity against drug use. Programs that are comprehensive—meaning that they include a variety of academic and extracurricular approaches—have been demonstrated to be the most effective in producing students who are drug-free and prepared to learn in school.

Drug prevention programs must provide students information about the dangers of alcohol and other drugs, but they must also address other issues that affect students and may contribute to their use of drugs. Hence schools must go beyond their traditional responsibilities to provide activities and

"We teach prevention much like we teach history, geography, and math—and you know what the research shows about how deficient we've been with them. I'm not sure why we think kids can learn prevention any better when it's taught the same way. My concern is to reconfigure prevention strategies based on different learning styles, and to think about what kind of programming and services we should have for the highest risk kids, including those who are not in school for whatever reason."—*Peter Bell, Commission member*

services that extend beyond the school day. They also must seek support and cooperation from families and the community.

Schools should provide drug education and prevention programs and activities for all students, and especially for students at highest risk of drug use.

"I should spend 50 percent or more of my time as a principal working on school climate. It's not that easy, and it takes a lot of work, but people need to know that that's the kind of thing that is going to improve the school and really head off a lot of substance abuse problems....So we began programs of teacher empowerment, where teachers were really making the decisions, and the principal was acting as a leader, not a manager. We empowered students with communications training experience, with a daily positive peer influence program, where they do peer counseling. We empowered the parents through a parents' advisory committee, so that they were very active within the school."—*Dan Hogan, Southfield, Michigan, High School*

❖ *COMMISSION FINDINGS*

Properly designed and conducted education and prevention programs can help prevent drug use among students.

A majority of schools have drug education and prevention programs, but many programs are ineffective because they:

- **begin too late, long after drug use has started;**
- **are often slick, gimmicky, and one-shot efforts that focus almost exclusively on providing information about drugs;**
- **are sterile and boring;**
- **are not properly implemented;**
- **are not based on sound research and evaluation;**
- **are too narrow and do not relate to other moral, civic, and health issues;**
- **are not reinforced by policies; and**
- **are not supplemented by other programs and activities.**

Many school textbooks contain outdated facts on drugs including alcohol and often refer to "responsible use" and "individual choices" about whether to use these drugs, rather than saying that they are illegal for young people.

Few schools and colleges have developed comprehensive antidrug programs. Colleges especially are just beginning to address the needs of all students for drug education and prevention programs.

Schools often consider all students at equal risk of drug use and either ignore or provide inadequate programs for students at highest risk of drug use.

"Until school boards and superintendents trigger values curriculum development that is acceptable to the community, drug education programs won't measure up to their full potential."—*Thomas A. Shannon, National School Boards Association*

Key organizations such as the Parent-Teacher Association (PTA) and other community groups have been less involved in drug prevention than they could be because school management traditionally has limited their role to fundraising and similar tasks.

Few schools and colleges have developed drug education programs for parents or have invited parents to participate in school programs.

AN ASSESSMENT OF VARIOUS TYPES OF SCHOOL-BASED PROGRAMS TO PREVENT DRUG USE

A review of school-based antidrug programs for adolescents shows that most fall into one of five major types (listed below). Research into a wide variety of programs to prevent drug use within the past 15 years shows that although the first three program types appear to have little effect on reducing drug use, they continue to be found in many schools. The last two types show promise of effectiveness. Programs that emphasize skills development and behavior change produce the greatest decreases in drug use, but have less effect on cigarette and alcohol use than on marijuana and other drug use.

Type of Program	Status Assessment
1. Programs that focus only on presenting ***knowledge and information*** about drugs.	1. There is resounding agreement that programs that focus only on knowledge have not been effective in reducing drug use.
2. Programs that focus on ***attitude change*** and emphasize personal and social growth, values clarification, and feelings.	2. Research shows that programs that focus only on attitudes have little or no effect on drug use behavior.
3. Programs that emphasize knowledge and attitude change.	3. Even a combination of knowledge and attitude programs has questionable effects on actual drug use.
4. Programs that combine positive peer influence with specific skills training.	4. Many researchers agree that resistance, communication, and decision-making skills and peer helper programs appear effective in delaying or deterring drug use among average school populations.
5. Programs that *provide positive alternatives* to drug use and emphasize the acquisition of specific skills.	5. Research shows that alternative programs that provide opportunities for recognition and nondrug leisure activities are effective in changing drug use behaviors of average school populations. Alternative programs that provide special remedial tutoring, one-on-one relationships, job skills, and physical adventure demonstrate a definite positive effect on the drug use behaviors of high-risk populations.

Peer programs show a significant positive effect on drug use behaviors with little program time, making them cost effective for average school populations. Alternative programs steadily increase in effectiveness with the number of hours of involvement. Although alternative programs are intensive and costly, they do change the drug use behavior of nearly implacable high-risk populations.

❖ *RECOMMENDATIONS*

Every school district should develop and conduct drug education and prevention programs for all students from kindergarten through grade 12.

All elementary and secondary school students in public and private schools should have available a comprehensive drug education and prevention program that includes a drug education curriculum (refer to page 35), a student assistance program, and a system for referral to community drug treatment services. While the development of a comprehensive drug prevention program is a requirement of the Drug-Free Schools and Communities Act, not all schools have developed programs that address all three components.

A drug education and prevention curriculum—the crux of many school programs—can be presented as a separate course, as part of a comprehensive health curriculum, or it may be infused into a variety of subjects in the school curricula. Because each approach has advantages and disadvantages, schools should examine the options carefully and select or create a curriculum that best meets the needs of their students. The curriculum should focus on information about drugs, attitude change, the legal and health consequences of involvement with drugs, resistance skills, and values, such as students' personal and civic responsibility to remain drug free. Community resources such as local police, treatment specialists, and other service providers should be used as resources in the development of drug prevention programs.

Student assistance programs and referral systems take prevention programs a step further by helping students who have drug problems or are at high risk of drug use, such as the children of alcoholics. Some of the most effective programs the Commission witnessed—student support groups such as Children of Alcoholics and Narcotics Anonymous, peer counseling programs, and mentor programs in which adults work closely with individual students—cost schools relatively little. Programs designed for children of alcoholics and drug abusers should help students develop the survival skills necessary for living with chemically dependent family members.

Schools should reinforce the principles of civic and individual values and responsibility.

Families and religious institutions are primarily responsible for imparting values, but the schools can and should reinforce civic and individual principles that are basic to a democracy. America traditionally has honored the principles of honesty, loyalty, integrity, compassion, hard work, citizenship, achievement, respect for others, and patriotism. These ideals should be practiced in schools. When schools consider any curriculum that teaches values, they should be sure to seek feedback from all segments of the community so that the values that are imparted reflect the community.

Parent and community groups should take a more active role in developing and selecting drug prevention programs.

Parent and community groups no longer can afford a hands-off approach toward setting goals for drug prevention programs, or developing and selecting drug education and prevention programs. In many communities, organizations such as the PTA have raised funds for drug

education and prevention efforts. These efforts generally are commendable and should be continued. Such efforts, however, are negated when funds are used for programs and activities that have little or no effect on drug prevention. Parent and community groups must make sure their funds are used for programs and activities that have a no-use message and have been demonstrated to have a reasonable chance of succeeding.

School boards and school superintendents should review health texts and other commercially designed curricula to ensure that information related to alcohol and other drug use is accurate and sends a clear "no-use" message.

Much of the information that students receive about alcohol and other drugs comes from textbooks or curricula purchased from private vendors. Unfortunately, much of this information is inconsistent with school policy related to alcohol and tobacco use. Some curricula do not discuss alcohol and tobacco, and others call for students to make "careful" decisions regarding alcohol and tobacco use. School boards and administrators are encouraged periodically to review texts and other curricula and to discard texts or curricula that contain inaccurate information or project anything but a clear no-use message.

"Different approaches to drug education are needed for different children, communities, and cultures. For example, school is probably the safest and most secure place for children whose parents are drug addicts. When a teacher describes the horrors of drug addiction without communicating sensitivity to addiction as an illness, little is accomplished. This is life as these children know it, and such implied condemnation can so shame students that they never want to come back to school again."—*Dr. Lorraine Hale, Commission member*

Colleges and universities should conduct mandatory drug education and prevention orientation sessions for all students.

A majority of students entering college already use alcohol or tobacco and will continue to use them unless someone intervenes. Colleges can help in the intervention process by requiring all students to participate in antidrug orientation programs that include information on their institution's drug policies, local laws, legal consequences for violations, prevention and treatment programs, community services, and alternative activities.

"Somewhere we have forgotten to teach that pleasure or reward follows effort and work."—*Monty Ellison, M.D., Albany, Oregon, Free from Drug Abuse*

Colleges and universities should develop and conduct programs to educate and change attitudes of parents and alumni about drugs, including alcohol and tobacco.

Many parents and alumni regard college as a time to "sow wild oats" and consider the use of drugs as part of the educational experience. Some even encourage experimentation by permitting students who are under legal age to drink alcohol. Permissive attitudes increase the difficulties that colleges have in enforcing drug policies. Colleges should educate alumni and parents on how their behavior and attitudes impede prevention efforts.

All federal agencies that develop or sponsor a drug education and prevention program should include a "parent component."

A major shortcoming of many antidrug programs is that they ignore parents, the primary educators. If we want parents' support, we must train them and give them information to help them respond to their children's questions about drugs, identify signs of drug use, and manage children who are disruptive as a result of drug use. Federal agencies that support drug education and prevention efforts should make sure that all the drug education and prevention programs they support include a parent component.

"I have found that every parent wants what is best for [his] child. Sometimes [parents] simply do not know how to communicate. And I think we have got to find ways to communicate [with parents]...and educate not only the children but also the parents."—*Dr. Thomas Bobo, Montgomery, Alabama, Public Schools*

The Department of Education and the Department of Health and Human Services together should collect and regularly distribute

"I believe that one sure way to prevent children from turning to drugs to be accepted is for adults to meet their need for love and acceptance. I would ask us all...what kind of influence we have on the lives of youngsters [other than] our own children? You see, we're the ones who are asking them to stay off drugs. But are we having any kind of influence on their lives?"—*Ron Rowlett, Young Life of Montgomery, Alabama*

information about effective and ineffective prevention programs, concepts, and activities.

The Commission recognizes that there is no magic formula for drug prevention programs. Indeed, programs will differ from community to community to address local needs specified in drug surveys. However, research indicates that some prevention activities are more effective in preventing drug use than others. Conversely, some approaches have failed repeatedly.

Schools and colleges, as well as organizations that support drug education and prevention efforts, should continuously be made aware of efforts that have been proven effective in preventing or reducing drug use as well as efforts that have been demonstrated not to work. The Departments of Education and Health and Human Services should seek feedback on prevention efforts from schools, colleges, state education agencies, and communities and should distribute to these institutions information about what does and does not work in drug education and prevention programs. This process should be ongoing, because many prevention curricula and other types of interventions have yet to be evaluated.

Textbook publishers and commercial curriculum developers should stay abreast of current research and evaluation findings to keep text and other materials up-to-date.

Publishers of prevention program texts, commercial curricula, and other antidrug materials need to stay abreast of research findings related to drug use and prevention. Material that is outdated, inaccurate, or misleading can lead to, rather than prevent, drug use. Publishers and other organizations should make sure that schools that purchase their texts or curricula receive regular updates on information and program developments.

Congress should require all federal- and state-funded drug education and prevention program materials to state that all illegal drug use is wrong and harmful.

Publications, programs, and materials supported by the Department of Education require a clear no-use message, but programs funded by other agencies do not have such a requirement. As a consequence, some antidrug publications funded by federal and state agencies state or suggest, for example, that if students drink, they should do so in a "responsible" fashion. Every publicly funded drug education and prevention publication should be required to carry the following messages: "Alcohol use by anyone under age 21 is prohibited by law. Tobacco use by anyone under [legal age] is prohibited by law."

The government and private sector should consider providing employees time off to work with students.

"We believe that an ounce of prevention is worth a ton of cure. So the only thing we do is teach, 'If you don't start, you don't have to stop.'"—*Robert Markham, Carver Middle School, Meridian, Mississippi*

Every school and community needs adult volunteers to work with youth. Many adult-youth activities require a minimal commitment of time and no special skills, aside from a desire to help. It has been demonstrated that a child can benefit academically and socially from as little as 30 minutes a week with a volunteer. Organizations are encouraged to work cooperatively with the schools and community to develop activities that benefit students.

Elements of a Comprehensive Drug Education and Prevention Program

A comprehensive drug education and prevention program should include the following eight elements:

- Student survey, school needs assessment, and resource identification.
- Leadership training of key school officials and staff with authority to develop policies and programs.
- School policies that are clear, consistent, and fair, with responses to violations that include alternatives to suspension.
- Training for the entire staff on the following:
  - the school's alcohol and drug policies and policy implementation;
  - drug use, abuse, and dependency;
  - effects on family members and others; and
  - intervention and referral of students.
- Assistance programs/support for students from preschool through grade 12, including the following:
  - tutoring, mentoring, and other academic activities;
  - support groups (e.g., Alcoholics Anonymous and Children of Alcoholics);
  - peer counseling;
  - extracurricular activities (e.g., sports, drama, journalism);
  - vocational programs (e.g., work-study and apprenticeship);
  - social activities (including drug-free proms and graduation activities);
  - alternative programs (e.g., Upward Bound and Outward Bound); and
  - community service projects.
- Training for parents, including the following information:
  - the effects of drug use, abuse, and dependency on users, their families, and other people;
  - ways to identify drug problems and refer people for treatment;
  - available resources to diagnose and treat people with drug problems;
  - laws and school policies on drugs, including alcohol and tobacco;
  - the influence of parents' attitudes and behavior toward drugs including alcohol and tobacco, and of parents' expectations of graduation and academic performance of their children;
  - the importance of establishing appropriate family rules, monitoring behavior of children, imposing appropriate punishments, and reinforcing positive behavior;
  - ways to improve skills in communication and family and conflict management; and
  - the importance of networking with other parents and knowing their children's friends and their families.
- Curriculum for preschool through grade 12, including the following subjects:*
  - information about all types of drugs, including medicines;
  - the relationship of drugs to suicide, AIDS, drug-affected babies, pregnancy, violence, and other health and safety issues;
  - the social consequences of drug abuse;

*Curriculum must be developmentally oriented, age-appropriate, up-to-date, and accurate. Individual components work best as part of a comprehensive curriculum program. Individually, components such as information about drugs can exacerbate the problem.

- respect for the laws and values of society, including discussions of right and wrong;
- the importance of honesty, hard work, achievement, citizenship, compassion, patriotism, and other civic and personal values;
- promotion of healthy, safe, and responsible attitudes and behavior;
- ways to build resistance to influences that encourage drug use, such as peer pressure, advertising, and other media appeals (refusal skills);
- ways to develop critical thinking, problem-solving, decision-making, persuasion, and interpersonal skills;
- ways to develop active participation, cooperative learning, and consensus-building skills;
- ways to increase self-control and self-esteem based on achievement and cope with stress, anger, and anxiety;
- strategies to get parents, family members, and the community involved in preventing drug use;
- information on contacting responsible adults when young people need help and on intervention and referral services;
- sensitivity to cultural differences in the school and community and to local drug problems; and
- information about how advertising works.

◆ Collaboration with community services to provide the following services:

- student assistance programs;
- employee assistance programs for school staff;
- latch-key child care;
- medical care, including treatment for alcohol and other drug abuse;
- nutrition information and counseling;
- mental health care;
- social welfare services;
- probation services;
- continuing education for dropouts and pushouts;
- in-service training for teachers and counselors in intervention techniques and procedures; and
- programs for students at high-risk of drug use.

WORKING WITH HIGH-RISK STUDENTS

Schools are not social welfare agencies and should not be expected to provide drug treatment, extended mental health counseling, welfare, and other services. At the same time, though, the schools must become advocates for students who lack adequate support from their families or the community service system. To do this, schools need to move beyond providing educational services and work closely with families and community agencies to coordinate services for students who need them.

Many troubled students, especially those with dysfunctional families do not receive help that may be available from community services. Community agencies are responsible for addressing students' problems arising from situations such as family drug or alcohol abuse, poor nutrition, mental or physical abuse, and delinquency so that all students can enter the classroom prepared to learn.

❖ *COMMISSION FINDINGS*

Students from kindergarten through college need drug prevention and treatment services—mental health counseling, drug treatment, probation and parole services, social services, housing assistance, and health programs—which schools cannot provide and communities should provide.

Many communities offer a variety of services, but students who need them most may not benefit from them because of lack of communication and coordination among the homes, schools, and community agencies.

Many school buildings are not considered community resources. The schools close their doors at the end of the school day and do not reopen them until the next school day begins. In many communities, schools are empty more than they are full.

Schools and colleges have too few counselors who are trained to deal with students' problems with alcohol and other drugs. What is more, counselors trained to deal with drug problems generally are assigned to junior and senior high schools, although many drug problems begin as early as the elementary grades.

❖ *RECOMMENDATIONS*

The community should keep school buildings open beyond regular schools hours for use by students, families, and the community.

Schools should be open for the community after school, at nights, on weekends, and during the summer. For many students, especially those in communities where traditional networks of social support have disintegrated and families are in crisis, the school becomes a haven and

"Public education's critics fantasize about the 'good old days' when schools allegedly taught only reading, writing, and arithmetic. But until families and communities are able or willing to again assume their traditional responsibilities, public schools will continue to feed students, check their hearing, vision, and teeth, instruct them in hygiene and nutrition, carry the main burdens for integrating neighborhoods and providing recreation, teach safe driving habits, prevent the abuse of drugs and alcohol, counsel the upset, encourage the listless, search for the absent, provide for the uninterested, motivate the lazy, and challenge the gifted."—*Dr. Matthew Prophet, Portland, Oregon, Public Schools*

"Unfortunately, our legislation funds programs as if they could be separated. I would plead for a coordination of these funding activities so that when they reach the service level, they do in fact address the overlaps."—*Joyce Silverthorne, Salish Kootenai College, Pablo, Montana*

source of social stability. Schools should extend their hours to provide students and their families a variety of activities (e.g., tutoring, computer skills, recreational activities, fine arts) after the regular school day and school year end.

Because schools rarely can afford the additional maintainance, insurance, and security expenses of keeping their buildings open, they should ask community agencies, organizations, and the private sector to offer programs and help raise funds to keep the schools open. Schools that provide challenging, exciting programs for students and their families are schools that can almost guarantee that students will be in the schools and not on the street corners.

Schools should assess where they place and how they use counselors.

"I think we have to keep in mind that schools don't have a drug problem in July, that it is a community problem....I would like to see the school building that used to be the hub of every community become that again."—*Elizabeth McConnell, Commission member*

School counselors traditionally have been placed at the middle school, junior high, and senior high school levels, where they frequently are given responsibility for conducting standardized testing, advising students on course selection, designing the school's course schedule, disciplining students, and helping the college-bound student. They have little time to assist students with problems that contribute to alcohol and other drug use. At the elementary level, many school systems rely solely on classroom teachers to provide counseling. In many communities, students are beginning to use drugs like alcohol in primary grades. Even if students themselves do not use drugs, they may be affected by drug problems at home or in their neighborhood. Schools should examine carefully the results of the task force assessment of their drug problems and assign adequate counseling resources where they are needed.

P.S. 208

Public School 208, an elementary school (grades 3–6) in New York City's Harlem section, is part of New York State's Community Schools Pilot Project, and stays open every school day until 10 p.m., on weekends, and during the summer. During the school year, students study the arts, and adults enroll in general equivalency diploma (GED) programs, parental skills classes, and English and literacy programs. Students and parents often work together on projects, which helps to strengthen family ties. The Children's Aid Society has an on-site office in the school and provides professional help for mental health problems and intervention and treatment for children and families. Another agency, the Northside Center for Child Development, helps victims of child abuse and dysfunctional families. The Studio Museum of Harlem regularly brings art enrichment programs to the school.

"When Americans think of rural areas, they think romantically of the great outdoors and people growing up stress-free without the vices associated with urban areas. For too many, substance abuse in rural areas is much like poverty in rural areas—out of sight and out of mind. We need to attract services into rural and smaller communities."
—*Rostlyn Schleife, National Education Association*

Governors should establish a central office or organization to coordinate the statewide administration of all drug education and prevention funds.

Although drug education and prevention program funds may be used for similar purposes, the funds are often administered by different state agencies and disbursed to local school districts and colleges without coordination at either the federal or the state level.

Allocating a variety of federal and state funds directly to a school district without coordination at the state or local level has often resulted in an unequal distribution of programs from school district to school district and in programs that are inconsistent with the state's education and prevention strategy. Many states have established a central office to coordinate all drug efforts. The Commission recommends that Governors take the lead in ensuring that all state drug education and prevention efforts, including those funded directly by the federal government, are coordinated through some central office.

An intergovernmental working group composed of representatives from education, health, and social services at each level of government should examine how existing services are delivered and recommend changes in law, policy, and regulations that would help coordinate services for students who need them.

"We know that programs must become institutionalized, must remain in communities to be effective for the long term....Rarely does the young person using or selling drugs have only one problem. [He has] many, and approaches to resolving those must be broad-based."—*Carol Goss, Kellogg Foundation, Detroit, Michigan*

IN-SERVICE TRAINING

"We have drug curricula in our schools, but a lot of it is still sitting on the shelves because teachers don't know how to use it and are afraid of it."
—June Milam, Drug Research and Education Association in Mississippi, Inc.

Teachers and counselors are second only to parents and peers in influencing students' knowledge, attitudes, and behavior toward drugs, including alcohol and tobacco. Teachers and counselors consequently have a special responsibility for drug education, prevention, and intervention. In the classroom, teachers are in a unique position to identify students with problems that could signal drug use. School counselors also play a key role in intervening with students who come to them with problems or are referred by teachers. Other school staff members also have the opportunity to intervene or counsel students on drug-related matters and should be provided information on identifying and referring students with drug-related problems.

Few school employees, however, have received any drug prevention training. The burden of training teachers, counselors, and other staff members in drug prevention, therefore, has been placed on schools and colleges, and especially on school principals and college presidents, who must lead these efforts.

In-service training should begin with school and college administrators. Principals must take responsibility for dealing with their school's drug problems and develop drug policies and programs, including in-service training for teachers and other staff. All teachers should be trained in drug prevention so that the school has a unified prevention team, and teachers in all subject areas are prepared to provide students information and support.

❖ *COMMISSION FINDINGS*

Most teachers are not adequately trained in the prevention of drug use, including alcohol and tobacco. In many schools, students know more about drugs than their teachers do. Schools and colleges may realize this shortcoming but have done little to correct it.

Leadership plays an important role in the development and operation of successful drug prevention programs, but school districts have placed little emphasis on providing principals leadership skills.

Every community has resources that can be used for training teachers and other staff, but few schools and colleges use them.

Schools have not trained parents to assist them in their drug prevention efforts.

❖ *RECOMMENDATIONS*

Every school district and college should provide leadership training for its top administrators.

The effective development and operation of school policies and programs are based, in large measure, on the leadership of the school

Figures available from the five Federal Regional Centers for Drug-Free Schools and Communities show that from October 1988 to May 1990, the centers provided comprehensive school team training in drug education and prevention to 11,522 individuals, including 8,603 school personnel and 2,919 non-school personnel. The 4,220 elementary and secondary teachers who were part of that training represent less than one percent of the 2.5 million teachers in the nation.

principal or college president. The Commission found that the common ingredient in every school that was successful in its efforts against drugs was a top administrator who inspired widespread commitment to drug prevention; had a clear vision of a drug-free school; and motivated students, parents, and staff to help prevent drug use. School districts and colleges should not assume that all principals or presidents are natural leaders, but should develop programs to teach them the skills needed to make good decisions, motivate others, and use resources effectively.

Every school and college should provide staff members in-service training on alcohol and other drugs.

Schools are being asked to accept increasing responsibility for their communities' problems with drugs including alcohol and tobacco. Because information about drugs and drug prevention changes continually, schools and colleges should conduct in-service training at least twice a year. Schools should use community resources such as the local police department and medical community to help provide staff training.

The Department of Education should develop model in-service training programs for schools and colleges.

The Department of Education should develop a guide for schools and colleges similar to its *A Guide to Selection and Implementation of Drug Prevention Curricula* to help local school districts and colleges select or design staff training programs in drug education and prevention.

The Department of Education should promote the development and use of innovative technology for in-service training.

Although the five regional centers of the Department of Education Drug-Free Schools and Communities-Regional Centers Program have provided high-quality training for community-school drug prevention teams, they have only scratched the surface of the total number of administrators and teachers who need training. To reach more educators, the Department of Education should develop training programs for video, computer software, cable television, and telecommunications networks which could be loaned or purchased from the regional centers or the department. Using such forms of technology allows frequent updating of information as well as easy and relatively inexpensive access to research, training, and technical assistance.

"The use of tobacco, alcohol, and other drugs is not an isolated behavior. It is linked to a host of other unhealthful adolescent problems such as suicide, school failure, family conflict, teen pregnancy, and criminal acts. The tendency of schools is to address each problem separately—as if they were not connected. It is essential that schools and local groups work together in well-coordinated partnerships." ***—James R. Smith, Deputy Superintendent, Curriculum and Instructional Leadership, California State Department of Education***

EXAMPLES OF IN-SERVICE TRAINING FOR TEACHERS AND COUNSELORS

Examples of in-service drug prevention training programs in schools include:

Through the PENNFREE Program, some 150 school teams in **Pennsylvania** have received training during two-day workshops sponsored by the State Department of Education. Teams, which include a teacher, administrator, law enforcement representative, community representative, and parent, develop new skills and attitudes in drug education and prevention. Certified curriculum specialists also receive a week of training to train teachers and other staff in local schools.

"It takes a strong, committed staff of teachers who feel positive about students and believe their efforts to fight drug problems are making a difference. And it takes effective drug and alcohol training for teachers and strong academic, guidance, and counseling programs for students."—*Jane Arkes, George Middle School, Portland, Oregon*

Susquehanna University and The Selinsgrove, Pennsylvania, School District formed a drug and alcohol abuse prevention team in 1989. The university provides in-service training for K–12 teachers, focusing on classroom management techniques. In addition, a peer leadership group provides drug and alcohol abuse prevention activities for students in the district.

The Education for Self-Responsibility II: Prevention of Drug Use (ESR II), which is to be "infused" throughout the academic curriculum, was developed by the **Texas Education Agency and Texas A&M University**. Texas has 20 regional service centers that conduct six-hour in-service training sessions for selected teachers in the use of the drug prevention curriculum. Those teachers then train teachers, administrators, and staff in their schools. Training costs are generally covered by federal Drug-Free Schools funding, and training materials are provided by the service centers. More than 5,000 Texas teachers have been trained through this program.

Toledo, Ohio, Central Catholic High School has developed a nine-point, comprehensive, alcohol and other drug abuse education and prevention program, including training for teachers and staff. Training focuses on family issues, the disease concept of alcohol and drug abuse, symptoms of abuse, referral process and procedures, and intervention techniques and procedures. Specialty training (e.g., working with athletes) also is provided for faculty and staff subgroups, including all administrators and guidance counselors.

To prepare **Utah** teachers to implement the state's Alcohol, Drug, and Tobacco Prevention Education Program, in-service training is conducted in three-day workshop sessions funded by the state legislature through local alcohol and drug authorities. Prevention specialists in these agencies provide schools with training in teaching methods and classroom strategies, as well as technical assistance in effective program implementation. Since 1983, some 12,000 educators statewide have completed the in-service training.

In-service training for teachers and counselors should include information on the following:

- The laws on all drugs including alcohol and tobacco;
- The school's alcohol and drug policy and policy implementation;
- The school's drug education and prevention curriculum and programs, and the responsibilities of each teacher and counselor;
- Drug use, abuse, and dependency, especially the harmful effects of binge and heavy alcohol drinking and of smoking cigarettes;
- High-risk and protective factors important at different developmental periods (refer to information on risk factors on page 46);
- Influences of the family and ethnic and cultural differences, including social drinking by adults;

- Ways to identify students with drug problems, and the appropriate time and method to intervene;
- Available resources and procedures for referring students with problems;
- Ways to communicate with parents;
- Ways to motivate students to help solve their own and other students' substance abuse problems (creating positive peer pressure);
- Ways in which teachers and counselors serve as role models for students; and
- The relationship between a teacher's general instructional effectiveness and the teacher's role in drug education and prevention.

RECOGNITION

The Commission believes that recognition programs are a vital component of prevention. Most Americans are aware of drug prevention efforts in schools and communities only through antidrug signs and slogans. They know relatively little about whether local efforts are successful in keeping students off drugs. To underscore the importance of drug prevention efforts, schools and communities need to recognize individuals and groups that are working to prevent drug problems.

"Recognition is one of the things that tends to motivate people toward greater accomplishments. It's also a good source of data in an area where there is not a lot of good, hard data."—*Dr. Nelson Smith, Director Programs for the Improvement of Practice, Washington, DC*

Recognition accomplishes several worthy goals:

- It rewards effort and results.
- It informs the public that prevention is a school and community priority.
- It encourages a stronger bond between students and their schools and communities.
- The recognition process helps establish criteria by which to measure progress toward prevention goals.

❖ *COMMISSION FINDINGS*

Schools often take for granted students who do not use drugs and thus overlook opportunities to reward students who serve as role models.

Some colleges have acknowledged the serious harm that drug use causes on their campuses and have made significant changes in their drug policies and practices.

The selection criteria for some academic awards do not consider how schools and colleges deal with drugs, including alcohol, even though academic achievement is affected by drug use.

The Drug-Free Schools Recognition Program conducted by the Department of Education has been very successful in recognizing schools that have made exemplary efforts toward becoming drug-free. However, more recognition is needed, especially at the state level.

The Department of Education should develop a Drug-Free Recognition Program for colleges.

The Department of Education should either expand the existing recognition program or establish a separate program to acknowledge colleges that have prevented or reduced alcohol and other drug use among students, often despite opposition from students, staff, and alumni. A college recognition program would inform parents about which institutions have exemplary drug prevention programs and would provide a catalyst for other college programs.

The Department of Education should ensure that all education recognition programs weigh schools' drug prevention policies and programs along with other factors.

Numerous federal and other agencies recognize schools and colleges for academic achievements, but focusing exclusively on the academic achievements of a school or college without considering its policy and programs on alcohol and other drugs is shortsighted and inconsistent with achievement of the National Goals for Education. The Department of Education should survey all federal programs that currently provide recognition to schools and colleges and recommend how they could be modified so that drug policies are considered along with other factors when deciding which schools should be recognized.

"There is no way we can underestimate the value of contented, deliberately drug-free youth. We must continue to encourage them in their determination so that they will enjoy life and at the same time be a source of encouragement to both their peers and to those for whom they may be a role model."—*Fr. Daniel O'Hare, Commission member*

States should create drug-free schools recognition programs.

The federal program cannot reach every school that has made exemplary contributions to drug education and prevention, nor can it recognize all the people and organizations that work in prevention. Governors should establish state recognition programs to acknowledge comprehensive drug prevention efforts by schools, colleges, parent groups, civic organizations, and businesses.

School, college, and community task forces should recognize individuals and groups that demonstrate a leadership role in drug prevention activities.

Schools can promote drug-free living by developing recognition programs to reward leaders in drug education and prevention. Schools, colleges, and communities through their task forces should recognize appropriate groups and individuals (students, staff, parents, community volunteers, and others) who have been instrumental in their drug prevention and education activities.

RESEARCH, EVALUATION, AND DISSEMINATION

All of the programs and policies intended to educate and influence young people regarding drugs are premised on a set of assumptions about what motivates youngsters, what influences them, and what programs can be developed to influence them effectively. To the extent these assumptions rest on a solid base of scientific knowledge, the programs are likely to work and to have the intended consequences. To the extent they are not, they are simply best guesses—a large proportion of which are likely to have either no effect or adverse effects. Because the drug problem entered the American scene so rapidly, in the early years we were forced to proceed in large part with our best guesses; and as the scientific evaluations began to accumulate, we found that many of these guesses were ill-founded. While we know considerably more today, there is much that we need to know to improve and add to the effective interventions we have, and to continue to identify and eliminate those which are ineffective. Some of this knowledge development involves direct evaluations, which usually require fairly long-term studies. Another part involves the thoughtful and systematic expansion of our portfolio of promising intervention techniques. Finally, there continues to be a need for expansion of our more basic knowledge regarding the causes and effects of all forms of drug use—research which calls on a wide range of disciplines from sociology to pharmacology.

"It is no mean feat to influence human behavior, whether it's drug use or anything else. We come up with many promising ideas which, for reasons unanticipated do not work. It is only through a sustained, quality research effort that we develop the knowledge base to improve the ratio of successful to unsuccessful, and to distinguish between the two."—*Dr. Lloyd Johnston, Commission member*

❖ *COMMISSION FINDINGS*

Research is just beginning to demonstrate which approaches to drug prevention and education are effective and which are not.

Most schools have not considered promising research and evaluation findings in developing their programs. One reason is that educators are not aware of research on effective prevention programs; another is there are few examples of such research.

Most schools adopt programs without careful examination of whether they suit the needs of their school.

Most research on drug education efforts is conducted or sponsored by agencies other than the Department of Education.

Few schools conduct periodic, thorough evaluations of their drug education and prevention efforts. Many schools do not know how to measure the effectiveness of a program.

Although extensive analysis on drug use patterns among high school seniors exists, we know little about drug use among dropouts or students at other grade levels. Furthermore, most analysis has been done at the national rather than state or local level.

Numerous topics within the drug prevention field still need to be researched.

HIGH-RISK FACTORS FOR ALCOHOL AND OTHER DRUG PROBLEMS IN ADOLESCENCE

The following risk factors are important at different developmental periods, but the more of them present in a student's life, the greater the threat of adolescent drug use.

Community Risk Factors:

- Economic and social deprivation;
- Low neighborhood attachment and community disorganization;
- Community laws and norms favorable toward drug use; and
- Availability of drugs, including alcohol and tobacco.

Family Risk Factors:

- Family management problems;
- Family history of alcoholism;
- Parental drug use and positive attitudes toward use; and
- Low expectations for children's success.

School Risk Factors:

- Academic failure;
- Transitions from elementary to middle to high school to college;
- Little commitment to school; and
- Lack of enforcement of school policies.

Individual and Peer Risk Factors:

- Early antisocial behavior and peer rejection;
- Alienation, rebelliousness, and lack of social bonding;
- Antisocial behavior in late childhood and early adolescence;
- Friends who use drugs or sanction use;
- Favorable attitudes toward drug use;
- Early first use (before age 15); and
- Physiological factors.

PROTECTIVE FACTORS FOR ALCOHOL AND OTHER DRUG PROBLEMS IN ADOLESCENCE

A home-school-community partnership can protect students, reduce risk, and increase resistance to drugs by employing the following measures.

Protective Factors:

- Clear norms and standards of behavior in the home, school, and community;
- Skills to resist social influences, solve problems, and make decisions; and
- Bonding to family, school, and community, which can be promoted by:
  1. Active participation in group activities;
  2. Learning skills for working with others; and
  3. Recognition for skillful individual and group performance.

General Principles of Prevention:

- Focus on reducing risk factors.
- Intervene early—before behavior stabilizes.
- Target high-risk persons and high-risk communities, but avoid "labeling" students and setting up negative expectations for behavior.
- Employ a variety of initiatives in a comprehensive, multicomponent prevention effort.

(J. David Hawkins and Richard F. Catalano, University of Washington)

❖ *RECOMMENDATIONS*

Federal and state governments should fund only those education and prevention efforts that are likely to be effective.

Although few programs have been found to prevent drug use among students, there is considerable agreement among researchers, program specialists, and other experts on which types of activities and programs are effective and which are not (and may even be counterproductive). Yet schools continue to use funds for programs that have little chance of success. The Commission believes that no school or college should be permitted to use federal or state funds on programs that have little chance of preventing drug use or have been shown to contribute to alcohol and other drug use.

State and local governments should conduct surveys on trends in drug use among school aged youth.

Some states and cities conduct their own surveys to assess and compare drug trends among student populations, but many do not. National studies provide an idea of general trends in drug use but do little to inform about state and local problems. A more specific picture of drug use patterns over time is essential for states and communities to be able to assess progress toward becoming drug-free and to determine whether they should make any broad policy changes. State and local governments are encouraged to use standardized survey instruments, so that data can be compared.

The federal government should continue support for long-term research on drug education and prevention programs for epidemiological surveys and longitudinal studies.

High-quality, long-term research is essential for developing effective drug education and prevention programs, but such research is expensive and time-consuming. The federal government has invested in various studies which, although costly, have contributed significantly to our understanding of both the extent of the drug problem and the kinds of programs that are most successful in preventing drug use.

Much more needs to be done. The Commission strongly encourages the federal government to maintain support for long term efforts such as the National High School Senior Survey, the Household Survey, and the Midwestern Prevention Project (refer to Project STAR, page 49). The federal government also should initiate new long-term research projects to collect data by which educators can determine which kinds of programs work and which do not, as well as which kinds of students are more likely to use drugs. A comprehensive survey of special populations, especially American Indians and school dropouts, also is needed to get a better picture of the extent of drug problems among youth.

The Commission believes that the following issues require additional research:

- The genetic, familial, behavioral, and environmental factors that "protect" children who otherwise would be at high risk of developing alcohol and other drug problems.
- The processes and factors involved in initiating, increasing, and maintaining drug use, and their relationship to early childhood development.
- The most effective approaches for reaching target groups, especially students at high risk, and the most effective message formats, styles, and content.
- The types of curricula that are effective in schools and colleges, the conditions under which they are effective, and the kinds of students with whom they are effective.
- The long-term effects of curricula on attitudes and behaviors.
- The types of intervention, alternative activities, and student assistance programs that are effective in schools and colleges, the conditions under which they are effective, and the types of students with whom they are effective.
- The effects of school policy and "climate" on prevention.
- The effects of alcohol and tobacco counteradvertising on attitudes and use by students.
- The effects of teachers on program effectiveness, and the changes that teachers make in their classrooms after training.
- Ways to reach parents, and the effects on children of training parents.
- The kinds of training student peer leaders need to be effective in prevention, and how they use their training.
- The effects on individuals of social change within the family, school, or community.
- Information on funding and in-kind support for prevention.
- Factors in the college and university setting that tend to encourage or contain all forms of drug use.
- The relationship of nutrition and fitness to the prevention of drug use.

The federal government should create and provide long-term support for a national drug prevention development center.

The Department of Education and the Department of Health and Human Services should create and provide long term support for a development center that would be both a clearinghouse on drug prevention research and a "think tank" for developing new research projects. Such a center would draw on the expertise of educators, drug prevention researchers, and child development and medical experts, as well as people who traditionally have been excluded from prevention research studies—parents, students, teachers, social workers, and others who work with youth. Staff members and others would focus, for example, on developing prevention program ideas that involve families, peer groups, and communities, as well as schools.

The prevention center also could help the federal government collect and disseminate data—tasks that now are conducted by numerous federal agencies, states, and academic institutions. The center would not supersede the collection and dissemination activities currently conducted by various government clearinghouses, but would extend these efforts into new areas of prevention research.

The Department of Education should ensure that schools conduct periodic evaluations of all drug education and prevention programs.

Department of Education regulations require schools that receive funds under the Drug-Free Schools and Communities Act to evaluate periodically the effectiveness of their drug prevention programs. The Commission strongly supports these provisions of the law and encourages school districts to modify programs on the basis of evaluation findings. The Commission also encourages the Department of Education to develop evaluation procedures which would ensure that program findings are comparable.

Congress should amend the Drug-Free Schools and Communities Act to give the Department of Education the authority and resources to conduct its own research.

Much of the federal research effort on drug use focuses on etiology and biomedical topics and is conducted by agencies other than the Department of Education. The Commission believes that more research is needed on school-based education and prevention efforts and on the role of the schools in communitywide efforts.

Findings from such research and evaluation studies as Project ALERT and Project STAR have provided guidance for prevention programs, but these efforts have been limited and, in many instances, supported by groups and agencies that are not primarily interested in the school setting. The Commission believes that the Department of Education should take the lead in designing, implementing, and disseminating research related to school-based drug prevention and education efforts.

EXAMPLES OF RECENT RESEARCH FINDINGS ON DRUG EDUCATION PROGRAMS

The Midwestern Prevention Project, also called **Project STAR (Students Taught Awareness and Resistance),** is a multi-component, research-based program that works to change social norms for drug use and provide a healthy, drug-free environment. Students entering middle or junior high school participate in ten instructional sessions on drug resistance skills and responses to social pressure. Through homework assignments, parents are encouraged to improve communication and rule-setting skills related to alcohol and other drug use. The media is extensively involved in increasing general community awareness of and participation in prevention activities. As attitudes change, public policies are changed to support them. Results of four years of evaluations among students from a wide variety of socioeconomic and drug risk groups show 25 percent reductions in cigarette smoking, 20 percent reductions in drinking alcohol, and 30 percent reductions in marijuana use, plus significant reductions in other illicit drug use.

Project ALERT: A Smoking and Drug Prevention Program provides eight lessons in 7th grade and three "booster" lessons in 8th grade to help students resist peer and other social influences to use drugs, including alcohol and tobacco. Results of evaluation show significant, sustained reductions in the initiation and use of marijuana for students who have not tried either marijuana or cigarettes before participation in the program, and reductions up to 60 percent in the use of cigarettes for students who have experimented with smoking. Modest reductions in alcohol use in the 7th grade are not sustained into the 8th grade. Overall, researchers conclude that the crucial factor in influencing student resistance to drugs is societal disapproval. For this reason, prevention programs cannot be expected to function as one-shot inoculations that guarantee long-term immunity against drug use, and schools are urged to use programs like Project ALERT as only one part of a multi-component prevention effort.

DARE (Drug Abuse Resistance Education) uses specially trained, uniformed police officers to teach 17 lessons in middle school classrooms. DARE provides students information on drugs and alternatives to drug use, and teaches them decision-making skills and peer resistance techniques. DARE currently operates in 49 states and reaches approximately 3 million students a year. Results of short-term evaluations show no significant differences in drug use among DARE-trained and non-DARE-trained students, but studies do show that DARE-trained students have more positive attitudes about law enforcement than other students, have more negative attitudes toward drug use, report fewer incidents of discipline in school, and show greater ability to analyze the results associated with certain risks. A more longitudinal study of the effects of DARE is presently being conducted.

The SPECDA program operated by the N.Y.C.P.D. is similar to the DARE program.

PROFESSIONAL TRAINING AND TECHNICAL ASSISTANCE

Schools are responsible for providing drug education and prevention programs and for identifying and referring students who need drug treatment. Anyone who works with young people should know at least the basic facts about drugs, including alcohol and tobacco, symptoms of drug use, ways in which drugs affect the mind and body, resources to which students with drug problems can be referred, and risk factors for alcohol and drug abuse.

"Teachers are simply not coming out of our institutions of higher education prepared to implement any prevention program that focuses on more than just information about drugs."—*Mary Lou Bozich, Utah State Office of Education*

Knowledge about drugs, however, is not enough; content knowledge changes as science advances, but sensitivity to students and "people" skills do not go out of date. The best way to deal with drug use among young people is through more effective teaching and greater concern for students' welfare. Teacher training programs should emphasize teachers' responsibility as role models.

Principals, college presidents, community agency officials, and other people with the authority to establish prevention programs need training and technical assistance, such as model policies, programs, curricula, and assessment surveys; communications networks; and expert guidance in developing comprehensive strategies and community-school partnerships.

❖ *COMMISSION FINDINGS*

Few states (ten states plus the District of Columbia) require training in drug prevention for certification of teachers and other professionals who work with youth. Hence, most colleges do not include drug education and prevention in their teacher education curricula.

Many schools and colleges wish to develop comprehensive drug prevention programs based on sound research and evaluation findings, but they do not have the expertise or resources to do so.

The demand for teacher training in drug prevention exceeds the availability of training programs.

"As an educator, I know teachers are asked to teach just about everything, but I think it's especially important for teachers to teach drug education and to know how to deal with students on drugs. I would encourage teacher education institutions to include drug education in their curriculum for all new teachers, and schools systems to have incentives for veteran teachers to go back and get training in drug education." —*Dr. Liz Karnes, Commission member*

❖ *RECOMMENDATIONS*

Colleges should include drug prevention education in curricula for educators and other professionals who work with youth.

Teachers, counselors, administrators, and other professionals should receive training in drug prevention before they begin working with youth. Training can include a requirement of community service before certification. Drug prevention training should be incorporated in required and elective courses, such as classroom management and courses that teach how to work with high-risk students.

State certification boards should require prospective teachers, counselors, and administrators seeking certification or recertification to have training in drug prevention.

Most teachers graduate from college with little or no formal instruction in alcohol and other drug issues. Yet most teachers will have to handle

students' problems related to alcohol and drugs at some point during their careers. The burden of training teachers and other administrators falls almost exclusively on schools. Professional certification and recertification should require training in drug prevention, including the effects of drugs, legal sanctions against drug use, health and social education programs, drug treatment, and educators' responsibilities in identifying and referring drug users.

"For $100,000, the cost of treating only seven or eight individuals, we could reach 12,000 to 13,000 students and staff with prevention programs."—*Orville Carnahan, Salt Lake, Utah, Community College*

A suburban school district with 4,500 students

A suburban school district with 4,500 students spent approximately $108,900 on drug education and prevention for its 4,500 students in the 1989–90 school year (about $23 per student). Approximately $20,000 of the total was federal Drug-Free Schools and Communities Act funds; the remainder was from local funds. These funds provided the following drug program components:

◆ Diagnostic and referral services	$25,000
◆ Psychological support services	$21,500
◆ Employee assistance program	$1,600
◆ Drug counselor, part-time	$25,000
◆ Training for 18 teachers	$7,000
◆ Training for 115 parents	$2,200
◆ Drug survey for grades 5-10	$2,100
◆ K-12 curricula material	$16,500
◆ Special events	$2,500
◆ Peer assistance programs	$2,500
◆ Other	$3,000

States should develop technical assistance centers comparable to the federal regional centers.

The five regional centers cannot be expected to provide training and technical assistance for all the nation's schools and colleges. States know best the needs of their school districts and colleges, and they should establish centers to supplement the efforts of the federal centers. Providing training and technical assistance has proved to be a cost-effective way to get schools to change their policies and practices. The state technical assistance centers also should be responsible for analyzing survey data from schools and colleges. Many schools and colleges do not have the expertise, funds, or computer time necessary to properly analyze data, and state centers could help ensure consistency and integrity of the data.

The federal government should establish a national center to provide colleges training and technical assistance.

Many colleges now realize that they must develop drug education programs and change their policies toward drug use, including alcohol. Because colleges have diverse educational objectives, student populations, and housing arrangements, their needs are different from those of elementary and secondary schools. The Department of Education should establish a national training and technical assistance center for the nation's 3,000 colleges and universities. The center should focus on providing information and technical assistance for the development of effective alcohol and drug prevention programs.

The private sector should share training, technical expertise, and resources with schools and colleges.

Many corporations already have begun to help school drug prevention efforts as well as general educational programs. These efforts are to be commended. The Commission calls on all schools and colleges to work cooperatively with the private sector to expand existing programs and create new partnerships to assist drug prevention efforts.

EXAMPLES OF PRIVATE-SECTOR INITIATIVES IN TRAINING AND TECHNICAL ASSISTANCE

Many corporations and local businesses help schools and colleges improve their drug prevention programs. Examples of private-sector initiatives that support comprehensive programs in schools include:

The Boeing Company supports activities to improve the education of minority high school students and is cofounder and supporter of a project designed to upgrade the skills of math and science teachers. Boeing also has a network of employees who help develop support programs, including mentor and school-project adviser programs for local school districts.

The Leadership Exchange Program, developed by the **Chamber of Commerce in Eden Prairie, Minnesota**, has arranged 22 exchanges with schools in the past eight years and has opened lines of communication between local employers and educators. In one exchange, the personnel director of a computer data corporation provided technical assistance to the school district's curriculum evaluation committee, and the schools' community education director helped the corporation develop training programs.

North Carolina's **Duke Power Company** encourages employees to serve as school board members, on school improvement projects, and as project leaders and tutors for Junior Achievement, a business education activity. Duke employees also work in dropout prevention programs and conduct professional development classes for teachers and administrators.

Exxon's Educational Foundation provides extensive support to public education, trains teachers to cope with increasingly diverse student populations, fosters more flexible education programs, and promotes the restructuring of elementary schools.

The **GTE Foundation** has funded the **National PTA** to develop and disseminate a kit for parents of children in grades 3 through 6 on commonsense strategies to minimize the risk of children's becoming involved in alcohol and other drugs. The kit includes a planning guide; action guides; a 15-minute video; and instructions for local PTAs to conduct classes for parents on building bonds between families and schools, the responsibilities of parents as role models, and appropriate rights, rules, and limits for children.

IBM pays employees to volunteer full-time under their Loaned Executives program, which provides expertise that schools cannot afford. Many IBM employees also volunteer in the schools as guest instructors, tutors, and members of school boards and advisory panels. IBM's Project Mentor in Austin, Texas, has trained more than 400 adult mentors from businesses and the community to work one-to-one with at-risk students.

The **W. M. Kellogg Foundation** awarded the University of Illinois a grant to reduce the prevalence of both gangs and drugs in schools by improving math and reading scores.

FUNDING

Although federal funding for drug education and prevention has increased substantially in the past several years, funding from state, local, and private sources has not. These funds, in total, have not been adequate to develop truly comprehensive prevention programs. The Commission believes that schools and colleges need a considerable amount of additional funds to develop and conduct drug prevention efforts. The federal government should continue to provide a significant portion of drug prevention funds, but state and local governments and the private sector also must provide their fair share. Increases in funding should be accompanied by greater accountability for how those funds are spent. Prevention money should be spent only on approaches that are likely to be effective (refer to page 31).

Although this chapter discusses how additional revenues can be raised for drug education and prevention efforts, the Commission believes that additional funds are not a prerequisite for developing some parts of a prevention strategy. There are many worthwhile activities that schools and colleges can engage in with little or no funds. Funding is an integral part of program development, but lack of funds should not be used as an excuse to do nothing.

❖ *COMMISSION FINDINGS*

Funding drug education and prevention efforts is a responsibility that federal, state, and local governments share. In many states and communities, however, the burden for funding falls primarily on the federal government.

Not all drug prevention efforts require substantial amounts of funds; some very effective activities require minimal resources.

There is agreement that every community needs more money for drug education and prevention, but there is no consensus on how much is needed or what percentage each level of government should provide.

Adequate funds have not been provided for support services for colleges.

Some education and prevention funds have been spent in an ineffective manner.

FEDERAL SPENDING ON DRUG DEMAND REDUCTION AND SUPPLY REDUCTION ($ in millions)

	FY 1989	% of Total	FY 1990	% of Total	President's Request FY 1991	% of Total	1990–1991 Increase Dollar Increase	1990–1991 Increase Percent Increase
Demand*	1771	28	2,736	29	3,071	29	335	12
Domestic Supply	2748	44	4,294	45	4,472	42	204	5
International Supply	1783	28	2,449	26	3,088	29	619	25

*Includes the following Department of Education prevention funds:
$ 540.2 million in 1990
$ 593.3 million in 1991

❖ *RECOMMENDATIONS*

Federal, state, and local governments should provide additional resources for a variety of drug education and prevention efforts.

Schools and colleges must have comprehensive programs in place within five years if they expect to attain the goal of drug free schools and colleges by the year 2000. The Commission believes that the President and Congress should determine the amount of additional funds that are needed, according to what it would cost every school and college in the United States to develop a comprehensive drug education and prevention program within the next five years.

Although funding should come from all levels of government and the private sector, the federal government should provide a significant portion of the costs. Additional funding, however, should be based on the following criteria for improved management and use of funds:

- Funds should be appropriated only for programs that have the likelihood of success. Programs that have been proved to have little likelihood of success and programs that may be counterproductive should receive no federal funds.
- Schools and colleges should provide assurances that they are coordinating their programs with community organizations and resources, including local police, treatment agencies, and other prevention programs.
- Schools and colleges should be required to provide a portion of program costs through in-kind or cash match.

New increases in federal money should be used to provide—

- additional support for the development of comprehensive drug prevention programs and services for school populations that are underserved or are considered at high risk of drug use;
- additional training for principals and teachers;

A Gallup Poll in January 1990 found that the majority of Americans still think that educating young people about the dangers of drugs is the best way to win the war against drugs. When asked which of a number of activities deserves the most government money and effort, six in ten chose educational programs as either most deserving or second most deserving.

- development and operation of a national drug prevention development center; and
- development of a center for training and technical support for colleges and universities.

The following options for increasing revenues should be considered.

- Establishing an assessment fund for drug education and treatment as an option for increasing revenue.

  Under this provision, every person convicted of a drug violation and everyone placed on probation for a drug offense would be assessed a sum ranging from $500 to $3,000 for each offense, in addition to any other fines, restitution costs, other assessments, or forfeitures authorized by law. All proceeds would be forwarded to an appropriate agency for deposit in a drug education and prevention trust fund. Such an assessment fund could be established at the federal and state levels and would disburse funds to states and local governments for education, prevention, and treatment services.

  This proposal is based on a New Jersey state provision, which since its adoption has collected more than *$9 million dollars* annually for drug education and treatment. The premise underlying this proposal, like the Victims of Crime Fund, is that people who break the law should pay for damages they cause to society.

- States should be required, as a condition for receiving Drug-Free Schools and Communities Act funds, to match a percentage of the federal funds they receive.

  Requiring states to match a percentage of their federal funds will increase the total amount of funds and will compel states that have not made drug education and prevention a priority to contribute to state and local prevention efforts. States that have been funding drug education and prevention programs should not be penalized. Current drug education funding efforts of states should be permitted as a match.

"Through an increase in the beer tax, $2 million was appropriated to the State Division of Alcoholism and Drugs for the purpose of establishing prevention programs at the community and school levels throughout the state."
—Mary Lou Bozich, Utah State Office of Education

Use a portion of asset forfeiture funds on drug prevention and education efforts.

The Commission believes that because drugs affect the entire community, legislation should be amended to permit communities to use a portion of asset forfeiture funds on drug prevention activities. The Commission recognizes, however, that law enforcement continues to need more money for drug investigation and prosecution. Communities therefore should establish a committee composed of representatives of law enforcement, prosecution, education, and drug prevention and treatment to review requests for funding local enforcement, prevention, and treatment activities with these funds. Efforts involving the combined energies of these groups merit exploration.

State governments should increase funding for drug education and prevention programs at all levels, including for state colleges and universities.

The Commission found that several states appropriate little or no funds for school or college-based drug education and prevention programs. In many states, the funds that school districts and colleges receive from the federal Drug-Free Schools and Communities Act are the only funds available for drug education and prevention programs. Without the

financial assistance of the states, schools and colleges will not have sufficient resources to develop comprehensive drug education and prevention programs.

Communities should contribute resources to drug education and prevention programs, especially to keep school buildings open after school hours and year-round as community centers.

Communities are responsible for providing resources for local drug education and prevention programs. Communities that cannot contribute additional money can contribute services. All communities should consider keeping schools open as a community resource as part of their contribution to drug prevention.

EXAMPLES OF SPECIAL FUNDING EFFORTS FOR ALCOHOL AND DRUG EDUCATION PROGRAMS

Examples of creative ways to generate funds for alcohol and drug education programs in states and communities include:

The **Bank of Boston** contributed a penny from each MasterCard transaction to the Massachusetts Governor's Alliance Against Drugs for alcohol and drug education in the schools. The bank contributed $135,000 within a three-month period.

California's November 1990 ballot includes a proposition that would create a tax of five cents for every 12 ounces of beer, 5 ounces of wine, and 1 ounce of distilled liquor sold in the state. If passed, the tax would generate $800 million a year to be divided among emergency and trauma care, alcohol and other drug prevention programs, law enforcement, community mental health programs, and programs for battered women, abused children, and victims of alcohol and drug abuse. The alcohol proposition is modeled after the recently enacted cigarette and tobacco tax, which generated $603 million in fiscal 1989 and $573 million in fiscal 1990 for an antismoking media campaign, for treatment and research on smoking-related diseases, and for school and community health education, fire prevention, and other programs.

The **Florida** legislature passed a law in 1986 that enables each county to establish, through a referendum, an independent special district for juvenile welfare services funded by taxes. Four counties have established boards and councils under this law to plan, coordinate, fund, and evaluate services for children in their districts. The majority of funded programs focus on prevention and early intervention for youths with problems—including drug abuse, teen pregnancy, juvenile justice issues, homelessness, child abuse, and developmental disabilities. School districts cannot receive funds directly, but other government and nonprofit organizations which do receive these funds work with the schools.

Kentucky recently imposed a $150 fee on persons convicted of driving under the influence of alcohol or other drugs. Some 45 percent of the service

fee is given to the state's Division of Substance Abuse for treatment and prevention programs. In addition, 20 percent of money from drug seizures and asset forfeiture is given to the state for drug education, prevention, and treatment.

The **Mobile, Alabama, Gas Corporation** was given authority by the state's Public Service Commission to allow customers the option of adding $2 to their gas bills each month for the Mobile Bay Area Partnership for Youth (MBAP) drug prevention and intervention programs. The gas corporation assumes the administrative costs for collecting and transferring contributions to the MBAP.

Rhode Island has raised $1.4 million per year for drug prevention programs and support services by increasing each fine for speeding by $20. The state also has increased fines on all other moving violations by $10 to provide $800,000 per year for student assistance programs in the schools.

ENFORCEMENT

To reduce the supply of and demand for drugs, law enforcement officials are trying to get drugs off the streets and to deter potential users by increasing the perception of risks associated with drugs. Effective drug prevention efforts in schools are contributing to this demand-reduction campaign by teaching children that drug use is morally wrong as well as illegal. These lessons also must apply to society. Schools, colleges, parents, businesses, the local police, and others in the community must be held accountable for helping enforce drug laws.

❖ *COMMISSION FINDINGS*

Drug laws often are not enforced because police and schools and colleges do not coordinate their responses to drug violations on school property.

Drug paraphernalia such as pipes, bongs, and cigarette rolling paper are easily obtained in many communities.

Laws on the sale or distribution to minors of alcohol and tobacco frequently are not enforced.

Parents who contribute to their children's use of drugs or who give birth to drug-affected babies are seldom held accountable for their actions.

Some schools and colleges believe their responsibilities for educating students do not include enforcing laws.

Most states have passed Drug-Free School Zone laws that entail automatic penalties, but most of these laws do not include colleges or address the illegal sale and distribution of alcohol and tobacco.

❖ *RECOMMENDATIONS*

Schools and communities should consider alternative sanctions for students who violate drug laws.

Schools and communities should hold accountable all students who violate drug laws, but they also should consider alternative sanctions to incarceration for young offenders. Jailing youths may be inappropriately harsh and counterproductive for first-time offenders; yet placing them on probation or suspending their sentence may be too lenient. The Commission believes that schools should work cooperatively with communities to devise alternative sanctions that would be more appropriate, less expensive, and more likely to be effective in getting youth to change behavior. Some examples are as follows:

- Mandatory community service;
- Mandatory attendance at drug education programs;
- Mandatory visits to places where the ravages of drugs are manifest, such as hospital emergency rooms, neonatal clinics, and shelters for abused women and children;
- Revocation of a driver's license or delay of the right to obtain a license;
- Mandatory fines for all offenses, with fines directed to drug education and prevention funds; and

Six counties in Indiana have joined in the Teen Court program as an alternative to juvenile court. It is open to young offenders who otherwise would be placed on probation; instead, they can choose a punishment of community service determined by a jury of peers. Teenagers also serve as prosecuting and defense lawyers. The judge is an adult in the state's juvenile services program.

In 1989, New Jersey suspended the driver's licenses of nearly 17,000 persons convicted of drug offenses.

"Children, just like adults, need to know there are rules, there are lines to be drawn, and there must be consequences, particularly harsh consequences for those who sell drugs."—*Mr. Michael Schrank, district attorney, Multnomah County, Oregon*

"Law enforcement is currently bringing great pressure to bear against illegal drugs and cannot flinch in that effort. Yet, long-range answers lie elsewhere. The American public must become fully informed about the societal and economic havoc wreaked by drugs and translate their awareness into achieving long-term solutions: education, treatment, and rehabilitation—and a citizenry alert to the influence of their attitudes and actions on the drug behavior of young people."—*Anthony M. Voelker, Chief, Organized Crime Control Bureau, New York City Police Department*

Some 45 percent of students polled in a 1989 Scholastic/Cable News Network Newsroom survey on student views of drugs and alcohol abuse stated that the fear of being arrested and going to jail would be enough to stop them from selling drugs.

- Boot-camp programs designed to instill discipline and order in youths' lives.

Re-entry into school for all students convicted of drug offenses should be contingent on the student meeting strict behavior standards, including those specified in policies related to alcohol and drugs.

States and communities should review all laws and ordinances related to the sale or use of tobacco and alcohol to determine how they can better protect students.

Every state has laws to protect underage children from purchasing alcohol and tobacco. However, many of these laws have not been enforced properly because alcohol and tobacco are not a priority for local police or because the penalties are perceived as too severe (e.g., the offense carries criminal rather than civil penalties). Lack of enforcement means that youths are not being protected from alcohol and tobacco. The implicit message for youth is that it is okay for them to purchase these drugs. States and communities should review laws and ordinances on the sale and use of alcohol and tobacco and determine how current practices may contribute to use of drugs by minors. They also should consider whether changes are needed in enforcement, such as shifting the focus of enforcement from police departments to health or other civil authorities.

Courts should hold parents responsible for using drugs and for encouraging or condoning drug use by their children.

The Commission heard numerous cases in which parents knew about their children's drug use and did not try to stop it, used illicit drugs themselves, or introduced their children to drugs. Such violations of law should not be tolerated. In some cases of parental misconduct, the courts should compel parents to enroll in parent skills training or counseling programs. In severe cases, when families openly support a child's drug use or when a parent's own drug use is harming a child, the courts should remove the child from parent custody for the physical, mental, or emotional health and safety of the child.

States should expand Drug-Free School Zones legislation to include colleges and penalties for the sale of alcohol and tobacco to minors.

Drug Free School Zones legislation increases the penalties for those convicted of drug offenses within designated areas around schools. Very few state statutes include colleges and universities, and none include illegal sales of alcohol or tobacco to minors. States should expand legislation to cover all schools and colleges and all drugs, including the sale of alcohol and tobacco to minors.

Of the 44 states with laws prohibiting the sale of cigarettes to minors, only five could provide any statistical information on vendor violations. *(Department of Health and Human Services, Inspector General Report, 1990)*

States should adopt and enforce antiparaphernalia laws such as those in the Model Drug Paraphernalia Act.

The Drug Enforcement Administration drafted a model Drug Paraphernalia Act in 1979 to provide a basis for uniform regulation of paraphernalia such as cigarette rolling papers, bongs, and pipes commonly used to smoke marijuana and crack. Some states, however, have no state-level sanctions and rely on limited local or county ordinances. In addition, some states and communities with antiparaphernalia laws do not always enforce them.

States should collect and maintain statistical and other relevant information on the amount and type of violations of alcohol laws and ordinances.

Statistical information on the extent of violations of alcohol laws, including sale to underage youth, are not readily available in most states. The Commission believes that maintaining comprehensive lists of violations and convictions would help states and the federal government determine both the extent of alcohol problems and the effectiveness of enforcement measures in reducing alcohol use by underage youth.

PART V

ALCOHOL AND TOBACCO USE AMONG YOUTH

This report discusses alcohol and tobacco in a separate section for five compelling reasons:

- Alcohol and tobacco are the most widely used drugs among young people today, even though their purchase is illegal for most students.
- Both alcohol and nicotine are psychoactive drugs that can and often do have extremely negative consequences for the user, for the family of the user, and for the community at large, including schools and colleges.
- Alcohol and tobacco are gateways to other, increasingly more harmful, drugs.
- If messages about drug use are to be credible and consistent, society must address *all* drugs. To discuss only concerns about controlled drugs would send a message that alcohol and tobacco do not present significant problems, or that society is willing to overlook these problems.
- The Commission believes that the nation's illegal drug problems will not be eliminated until the gateway drugs—alcohol and tobacco—are dealt with more effectively.

"I don't think there's a member on the panel today who will argue that alcohol is not a drug. We might argue a little harder about its comparison to crack, cocaine, and heroin, but alcohol is a drug."
—Stephen Burrows, Anheuser Busch, Inc.

For the nation to reduce its levels of alcohol and tobacco use, attitudes and behavior must change. The Commission is not recommending that the *legal* use of alcohol or tobacco be limited or infringed. Nor is the Commission recommending that any one segment of the community should shoulder alone the responsibility for eliminating alcohol and tobacco use by minors. However, making sure that young people do not use alcohol and tobacco is similar to making sure they do not use controlled drugs: Both objectives require a comprehensive effort that involves the whole community.

The following section discusses the current state of alcohol and tobacco use among young people and suggests ways in which the problem can be successfully attacked.

HOW SERIOUS ARE ALCOHOL AND TOBACCO PROBLEMS AMONG YOUNG PEOPLE?

Alcoholic Beverages

Alcohol is the most widely used drug among American adolescents and college students, even though it is illegal for youths under age 21 to purchase alcohol in all 50 states. In 1989, some 60 percent of high school seniors and 76 percent of college students (ages 18 to 22) said they had drunk alcohol within the previous month (Johnston et. al., 1990). Perhaps more important, 33 percent of high school seniors and 42 percent of college students reported at least one occasion of heavy drinking (five or more drinks in a row) within the previous two weeks. By comparison, 17 percent of high school seniors reported using marijuana, 2 percent reported using inhalants, and 3 percent reported using cocaine within the previous month.

Alcohol use begins early among young people. According to data obtained from the 1988 National High School Senior Survey, 17 percent of high school seniors reported having been drunk by eighth grade, 37 percent by ninth grade, 54 percent by tenth grade, and 71 percent by twelfth grade. These estimates are conservative for the age group as a whole because school dropouts are excluded from the survey.

Among adolescents, alcohol is a major factor in early deaths, especially those resulting from injury in motor vehicle and other accidents. The four leading injury-related causes of death among youths under age 20, according to CDC, are motor vehicle accidents, homicides, suicides, and drowning, in that order, and alcohol was involved in a significant proportion of the more than 22,000 fatal injuries to minors reported in 1986. Motor vehicle accidents account for nearly half of all the fatal injuries to adolescents (*Associated Press*, July 7, 1990).

Less familiar, but also well documented, are the connections between alcohol consumption by minors and violent and disruptive behavior. A significant proportion of violent crimes among students, such as date or acquaintance rape, robbery, and assault, have been shown to involve alcohol. A survey of college administrators indicates that more than half of campus incidents—which ranged from violent behavior to damage to residence halls and other property—were related directly to alcohol use.

Finally, alcohol is a gateway drug in the progression toward use of illicit controlled drugs; an overwhelming number of the young people who use controlled drugs first used alcohol. Alcohol use tends to continue after a pattern of use of controlled drugs is established, and the combination often leads to higher-than-average alcohol injury and death.

Cigarettes and Other Tobacco Products

Cigarettes and other tobacco products are the only legal products in the United States today that, when used as intended, kill a significant proportion of their consumers. Indeed, some authorities claim that cigarettes probably kill more American consumers than all other drugs combined.

About 90 percent of adult smokers began to smoke in adolescence or childhood and have continued to smoke throughout their adult lives because the addictive properties of nicotine make it so difficult to quit. As is evident from the large number of young people who continue to take up smoking cigarettes and, to a lesser extent, chewing tobacco, young people tend to underestimate the likelihood that they will become addicted and continue their tobacco habit into adulthood.

Among American high school seniors, nearly 30 percent are smokers, and among older dropouts, approximately 75 percent smoke (*Journal of the American Medical Association*, May 23, 1990). These statistics are troubling because they have remained virtually constant in recent years, despite a reduction in smoking among adults, increased societal disapproval of smoking, enactment of increasingly more restrictive laws regulating smoking in public places, and a substantial reduction in most forms of illicit drug use. Considering that we now know much more about the harmful effects of smoking than we did a generation ago, it seems unconscionable that so many of our young people still take up smoking and will face early, preventable illness and death.

Preventing smoking among young people is important not only for health considerations but also because of the link between cigarette smoking and other drug use, especially marijuana. Cigarettes, like alcohol, are a gateway drug that can lead to involvement with controlled drugs. As with drinking alcohol, most illegal drug users smoked cigarettes first and continued to smoke cigarettes after beginning to use illegal drugs. A link between cigarettes, marijuana, and crack is not surprising, given that these drugs are ingested by inhaling smoke into the lungs. Smoke inhalation is an abnormal behavior that must be learned and reinforced over time, and cigarette smoking teaches young people how to inhale smoke. Smoking cigarettes also teaches young people that they can use psychoactive drugs to manipulate their moods, alertness, and consciousness through chemicals.

If ours is a compassionate society, we must make it a priority to protect young people from the extremely negative consequences of tobacco use, for the sake of themselves, their families, and society. Failure to do so threatens the health and well-being of future generations. Previous generations did not know the harmful consequences of smoking. This generation has no such excuse.

"I think Ohio State University [and other colleges] need an institutionalized attitude change. Judicially, 80 percent of all of our cases are due to, or related to, some kind of alcohol and drug use."—*Lisa Prudhoe, Drug and Alcohol Resource Center, Ohio State University*

"Alcohol and nicotine are considered 'gateway drugs' because they invariably are the precursors to using all the 'other bad stuff' available to children on the streets. They are addictive and can lead to grievous illness. And their use by children is illegal. Thus, when parents wink at their use by children—on the permissive theory that their progeny are merely 'feeling their oats,' 'being part of the gang,' or 'just growing up' or have the misguided belief that children should experiment with alcohol at home, 'to learn to drink sensibly'—they are implicitly making them scofflaws, in addition to setting the stage for potential personal disaster in the family..." —*Thomas A. Shannon, National School Boards Association*

- Cigarettes kill 390,000 Americans every year, a death toll equivalent to that which would result from three 747s crashing every day of the year.
- Smoking is the principal cause of preventable death in this country. The effects of *passive* exposure to smoke are estimated to account for nearly 50,000 additional deaths a year.
- Each day more than 3,000 children and adolescents start smoking. They consume nearly a billion packs of cigarettes a year. (*DHHS Inspector General's Report*, May 1990).
- In 1986, 1.7 million boys ages 12 to 17 had used chewing tobacco within the previous year. (*Journal of American Medical Association*, May 23/30, 1990)

❖ *COMMISSION FINDINGS*

"My request of the tobacco, alcohol, and media industries would be not that [you] start developing educational programs for the schools, but that [you] take your own monkey and keep it on your back and shape up your advertising—do what you ought to be doing. We would rather have you use your expertise to advertise to young people not to drink at all, and why they shouldn't drink—not that they shouldn't drive drunk, because that isn't even a message for kids."—*Anne Meyer, National Federation of Parents for a Drug-Free Youth*

Society—especially parents, other family members, and adults in positions of authority—is too permissive toward alcohol and tobacco use by young people.

The probability that young people will use alcohol or tobacco increases in proportion to the number of family members who use these drugs. When parents use these drugs or are permissive in their attitudes toward these drugs, chances increase that their children will use them. What is more, parental approval of drinking is a significant factor in the amount of alcohol consumed by teenage drinkers. Many parents, educators, and law enforcement officials are inclined to ignore alcohol and tobacco use by young people—and may even be relieved that the young people are not using drugs like heroin and cocaine.

Voluntary advertising codes that limit the youth-oriented images that can be used in alcohol and tobacco advertising are not being followed. The alcohol and tobacco industries often target those under the legal drinking and smoking ages with highly attractive and persuasive advertising and promotion techniques.

Advertising for beer and wine coolers especially is aimed at a young audience and marketing strategies are insidious. Young people are told, "Weekends belong to Michelob," "It's Miller time," and "Colt 45 works every time." The lovable dog Spuds T. McKenzie is clearly attractive to adolescents and even young children, and he helps to portray drinking as fun, innocent, safe, and acceptable. Wine coolers have been used to blur the distinction between alcoholic and nonalcoholic drinks. The vast majority of young people begin drinking by their midteens, so alcohol manufacturers that target young people stand to increase their market share by establishing an early loyalty to their brand and few seem to have any compunction about such targeted advertising. Alcohol advertisers have also targeted students through a variety of promotions such as the sponsoring of activities during spring break. During these breaks students, many of them underage, flock to vacation spots like Ft. Lauderdale, Florida where the major beer companies provide entertainment.

Even though cigarette advertising has been banned from the electronic media since 1971, cigarettes are the most heavily advertised products on billboards and the second most advertised products in magazines. Cigarette promotions are ubiquitous: cigarette ads appear on T-shirts, on

scoreboards at sporting events, and on race cars; and free cigarette samples are distributed regularly at places where young people congregate. The industry's advertising and promotion expenditures since the early 1970s have increased more than threefold, after correction for inflation; today some $3.25 billion a year is spent on cigarette advertising and promotion. That money buys ads with youthful looking models who project images that appeal to adolescents. The healthy young Newport smokers are "alive with pleasure." Virginia Slims ads, aimed at women, link smoking with being svelte and sensuous. Kools are smoked by macho motorcycle men. Lucky Strikers are tough, rebellious youths. Camels uses a cute cartoon character to convince young people that smoking is fun.

The Commission found that the alcohol and tobacco industries are attempting to persuade young people that drinking and smoking are socially acceptable and more attractive than they otherwise might assume. In sum, alcohol and cigarette advertising are powerful forces designed to create a new generation of drinkers and smokers.

Laws prohibiting the purchase of alcohol and tobacco by minors are not strictly enforced, with the result that young people can easily find and purchase these drugs.

Most alcohol and tobacco products are affordable for most people (sometimes a six pack of beer or a bottle of wine can cost as little as $2, less than a six pack of soda) and are easily purchased at liquor stores, supermarkets, gas stations, and convenience marts. When communities do not enforce state laws or local ordinances regulating the sale of alcohol and tobacco, the young can buy and consume these drugs as easily as adults can.

The majority of students interviewed by the Commission said that students suffered few or no consequences for buying or using alcohol, even when they were apprehended by police or school officials.

Most young people lack the maturity to understand the consequences of alcohol or tobacco use, and they believe that they are invulnerable to risks.

Most adult smokers and drinkers began using these drugs during their teens. Many teens, however, do not believe that tobacco or alcohol use presents any major long-term health risks. Some students acknowledge the risks but believe that they will beat the odds. This inability to relate current behavior to results that may not occur for 20 or 30 years epitomizes the adolescent outlook. Such beliefs tragically cause thousands of alcohol-related fatalities each year, and hundreds of thousands of tobacco-related deaths per year in the longer term.

Most young people are under peer pressure to drink and many are under some pressure to smoke.

Young people do not often drink alcohol alone; they drink to be sociable, to be accepted, to be part of the in-crowd. Few begin smoking by themselves. The Commission heard from many students around the country who said that peer pressure was one of the factors that encouraged their use of alcohol and tobacco.

"School programs based on the social influence model [resisting peer pressure and other outside influences] can be highly effective in decreasing substance use among young adolescents....Project ALERT was most successful against socially disapproved substances; it was less effective in counteracting the forces that promote alcohol use. As long as the media and most adults directly contradict the message, social influence programs are not likely to realize their potential against alcohol."—*Rand Corporation, Evaluation of Project ALERT, March 1990*

"If the alcohol industry is so concerned with our young people, why don't they just come out and once and for all tell young people under the age of 21, because we care about you, we don't want your business."—*Bobby Heard, Student, Texas War on Drugs*

The alcohol industry has made some efforts to prevent underage youth from drinking.

The alcohol industry has provided financial support for a variety of alcohol prevention programs and has sponsored advertising campaigns such as Coors', "Now, Not Now" commerical that promote responsible use. These efforts however, have not been sufficient to reduce the drinking levels of high school or college students.

WHAT CAN WE DO TO REDUCE ALCOHOL AND TOBACCO USE AMONG YOUNG PEOPLE?

Schools clearly have an important education and prevention role to play through their curriculum and policies regarding smoking and drinking. Their influence in preventing alcohol and tobacco use by minors will be limited, however, if the external social environment does not change.

The Commission supports *all* efforts to reduce the *illegal* use of alcohol and tobacco and to counteract the adverse effects of alcohol and tobacco promotion and advertising on youth. The Commission consequently makes the following recommendations for Congress, the states, communities, schools and colleges, and families.

"These commericals (TV beer and wine cooler ads) which typically portray drinking in a highly attractive fashion, often employing generic lifestyle appeals and themes, can stimulate increased drinking by underage youth through a number of mechanisms. The basic effects gradually accumulate over hundreds of exposures to these ads, as the images and the beliefs that young people acquire gradually form and develop into favorable attitudes and increases in drinking practices."—*Dr. Charles Atkin, Michigan State University*

❖ *RECOMMENDATIONS FOR CONGRESS TO CONSIDER*

Require equal time for counteradvertising targeted toward underage youth.

A portion of the total alcohol and tobacco industries' expenditures on advertising and promotion campaigns should be assessed and appropriated for an independent organization to develop and implement a counteradvertising campaign aimed at curbing alcohol and tobacco use by underage youth. The amount of funds from the alcohol and tobacco industries should be sufficient to develop and operate a substantial public education program to balance the messages that have the effect of encouraging young people to drink and smoke. The counteradvertising campaigns could serve as remedial education for young people who have been influenced to use these drugs by exposure to advertising and promotion from these industries over the years.

Require additional health and safety messages on all alcohol and tobacco products and their advertising.

All alcohol and tobacco products, including those used in promotional campaigns, should prominently display warnings that inform consumers that it is illegal for minors to purchase the products. Warnings also should note that the individual product is addictive; that use during pregnancy can cause birth defects; and, for alcohol products, that alcohol use impairs the ability to perform certain tasks, such as driving and learning.

By 1992, require that an independent agency examine whether advertising practices still target youth and glamorize alcohol and tobacco use. If such promotional tactics continue, Congress should

consider enacting a ban on advertising and promotion of either or both of these products.

The Commission has determined that much alcohol and tobacco advertising and promotion appear to target underage youth and glamorize use although voluntary industry guidelines prohibit such practices. By 1992, an independent agency should evaluate whether such targeting and glamorizing practices still appear to exist. If such practices continue, Congress should consider a ban on all alcohol and tobacco advertising and promotion in order to protect young people.

Researchers found that states with relatively high excise taxes on beer have lower death rates from motor vehicle accidents for youth ages 15 to 24. *(Sixth Special Report to Congress on Alcohol and Health, January 1987)*

Increase excise taxes on alcohol and tobacco products *as a deterrent to use*.

Empirical evidence suggests that higher prices help deter use of alcohol and tobacco products by young people. The extremely low cost of beer helps to explain its popularity. Congress should increase excise taxes to help deter use by young people, and revenues from the increased taxes should be used to fund alcohol and tobacco prevention, treatment and health programs.

❖ *RECOMMENDATIONS FOR STATES TO CONSIDER*

Raise taxes on cigarettes and alcoholic beverages, especially beer.

States—especially those with unusually low tax rates on alcohol and tobacco products—should increase taxes to deter use and to provide funds for education, media campaigns, and other prevention activities.

The 1990 California Alcohol Tax Initiative is expected to raise approximately $700 to $800 million annually. The funds, to be used for a variety of alcohol-related programs, will be raised from an excise tax surcharge equivalent to a "nickel a drink" tax placed on beer, wine, and distilled spirits. A drink is defined as 12 oz. of beer, 5 oz. of wine, and 1 oz. of distilled spirits. *(Alcohol Tax Initiative Committee)*

Launch statewide antidrug, antismoking, and antidrinking media campaigns.

Experiences with counteradvertising suggest that it can be effective in dissuading people from using harmful products. Research shows that counteradvertising campaigns are most effective when they are published or aired frequently over an extended period of time. Such campaigns should be designed with a particular emphasis on deterring use among youth.

Enact legislation to require tobacco vendors to be licensed, vigorously enforce licensing regulations for merchants of alcohol and tobacco products, and make license revocation a penalty for selling to minors.

States should require merchants to be licensed to sell tobacco products as well as alcohol products, should enforce licensing regulations vigorously, and should stipulate that merchants caught selling tobacco products to minors will, at a minimum, lose any licenses to sell either alcohol or tobacco. States also should set aside adequate funds for enforcement activities.

Ban cigarette vending machines.

Vending machines make it easy for minors to purchase cigarettes even though state laws prohibit them from purchasing tobacco. Vending machines to which youths have access should be eliminated.

"Absent the cooperation of media and advertising, we must teach our children to question, to analyze, and to evaluate the messages they're receiving in the media. They must understand that there is a bottom line there, that those people are trying to sell them a product."—*Karen Reist, Scott Newman Foundation, Los Angeles, California*

Prohibit alcohol and tobacco advertising and promotion at all state colleges and universities, including at sporting events.

Although nearly two-thirds of the entire college and university population is of the legal age to drink alcohol and smoke cigarettes,

more than a third is not. Many college visitors also are underage and cannot legally drink or smoke. Because alcohol and tobacco are illegal for a significant portion of college students and visitors and they are contrary to creating a healthy environment for learning, colleges should not allow their promotion anywhere on campus.

❖ *RECOMMENDATIONS FOR COMMUNITIES TO CONSIDER*

Change local ordinances on the sale of tobacco.

Local ordinances that prohibit the sale of tobacco to minors generally are not enforced, because tobacco is primarily a health issue and not considered an enforcement priority for police. To address community concerns with tobacco sales to minors and police concerns with inadequate resources to enforce tobacco laws, communities should:

- Decriminalize offenses and make them civil rather than criminal;
- Assign responsibility for enforcement to a health agency;
- Provide for enforcement such as "sting" operations;
- Require tobacco vendors to be licensed;
- Levy penalties such as substantial fines and revocation of licenses for selling tobacco products to underage youth; and
- Ban or restrict vending machines and the distribution of free tobacco product samples.

- Woodbridge, IL, has a tobacco license law, similar to liquor license laws, that requires merchants who sell tobacco products to obtain a license. The statute makes the sale of tobacco products to minors a local offense (such sale already is a state offense). Merchants who are found guilty of selling tobacco products to minors can be fined as much as $500. Repeat offenders are subject to license revocation. The law also requires remote-controlled electronic lock-out devices on cigarette vending machines that are accessible to minors.
- The Takoma Park, MD, City Council recently approved a ban on cigarette vending machines in premises accessible to children and outlawed the distribution of free samples of tobacco products. The city's law, which also bans smoking in day care centers, says that children are endangered by vending machines; thus the city can remove them from such places as cloakrooms and public buildings.

Enforce laws prohibiting the sale of alcohol and cigarettes to minors.

The Commission does not recommend decriminalizing alcohol sale laws because, unlike tobacco, alcohol affects other societal issues besides public health. Community leaders should lobby for adequate state laws prohibiting the sale of alcohol to underage youth, if they do not already exist, and should insist that the local police department give adequate priority and resources to enforcing them.

Pass ordinances that would limit where stores could display alcoholic beverages. The ordinances specifically should prohibit the display of wine coolers among groceries.

Wine coolers are often located in the beverage aisle of supermarkets and convenience stores along with soft drinks and fruit juices. Such placement suggests that wine coolers are nonalcoholic, harmless, or even healthy for consumers. Requiring merchants to place wine coolers, beer, and other alcohol products in a separate section of the store will help

consumers to understand that wine coolers are alcoholic drinks and that the consumption of all alcoholic products should be restricted.

❖ *RECOMMENDATIONS FOR SCHOOLS AND COLLEGES TO CONSIDER*

Prohibit alcohol and tobacco use at all school and college sporting events.

State clearly the school rules regarding alcohol and cigarette use and possession in school and at school events, and ensure the rules are strictly enforced.

Prohibit all alcohol and tobacco advertising in school newspapers, at stadiums, and at all school events.

Include alcohol and tobacco in the school's drug prevention curriculum.

To help counter the influence of advertising, teach students the basic concepts of marketing alcohol and tobacco products and the ways in which marketers seek to initiate and increase product consumption through audience targeting, celebrity endorsements of products, and other means.

Provide adequate support programs for students and staff who need help combatting drinking or smoking problems.

At colleges, require all organized group residences to develop risk management plans. **(See page 28.)**

❖ *RECOMMENDATIONS FOR FAMILIES TO CONSIDER*

Set a positive example for children and younger siblings.

Parents and older siblings generally are the most important role models of behavior related to alcohol and tobacco. Parents should take this responsibility seriously and encourage their older children to be aware of and concerned about their own influence on younger brothers and sisters.

Make clear to family members and friends that underage youths may not use alcohol or tobacco in your home.

Know your children's friends and establish common rules and expectations with other parents.

Part VI

COMPENDIUM OF OTHER ISSUES

Some of the issues the Commission considered did not fit within any of the previous parts of this report. They are discussed here.

TESTING OF STUDENTS AND STAFF FOR DRUG USE

The use of tests to determine whether students or school staff members are using drugs is an evolving area of the law. The Commission recognizes that schools and colleges must maintain a delicate balance between students' and staff members' right to privacy and the schools' responsibility to provide a safe learning environment. The decision of whether to test students or staff members for drug use should be made by individual school districts, but the Commission supports drug testing for students and staff, including testing for alcohol use, **only** when individual circumstances give rise to a reasonable suspicion of drug use. School drug testing policies should specify that staff members should be referred to an employee assistance program, if evidence of drug use is found.

The Commission also finds pre-employment drug testing acceptable for school job applicants.

LEGALIZATION OF DRUGS

The Commission strongly opposes any legislative change that would legalize drugs. Research shows that community standards tolerant of drug use and more available drugs are associated with a greater prevalence of abuse. If drugs were legalized, health care costs would increase dramatically to meet the needs of more drug users and addicts. Legalization would not reduce crime, nor would it diminish the profit motive for most drug traffickers, because a criminal motive still would exist to undercut government-regulated prices and turn a better profit.

In addition, some national indicators show that drug use finally is *decreasing* for a significant percentage of young people, so it would be absurd public policy to change the legal status of these drugs.

USE OF RECOVERING ADDICTS IN DRUG PREVENTION PROGRAMS

There is an appropriate role in *clinical therapy* for people in treatment to learn from other recovering addicts' mistakes. However, recovering

alcoholics and drug addicts should not use their drug use and recovery experiences to instruct students in school prevention programs.

Teenagers commonly are susceptible to feelings of invulnerability. They may miss a recovering addict's message of the pain and devastation caused by drugs and may absorb only the idea that anyone can use drugs, recover, and lead a good life. Teenagers may come to believe that, if they need to, they can always be cured of drug addiction. Recovering addicts such as rock stars, athletes, and movie actors who are idolized by young people are particularly unacceptable in prevention programs if they claim they have overcome their own addictions and troubles and have made a glorious recovery. Such messages are unrealistic and can lead young people to assume they can recover easily from drug addiction—and even subsequently attain affluence, fame, and happiness.

ACCEPTANCE OF MONEY FROM THE ALCOHOL AND TOBACCO INDUSTRIES

The Commission advises schools and colleges to scrutinize all contributions from the private sector to determine whether they could entail a conflict of interest or subvert the no-use message. It is imperative that schools not give the appearance of endorsing the alcohol and tobacco industries in any way by accepting funds or other resources. When gifts are directly related to drug prevention or education, they should contain a no-use message for underage students.

PROGRAMS TO BUILD SELF-ESTEEM

Self-esteem develops when students learn about their skills, abilities, and deficiencies, work to improve them, and develop a sense of personal mastery. In drug prevention, self-esteem means developing good problem solving and decision making skills and taking individual responsibility for self and social responsibility for others. Self-esteem programs may be useful; however, they should not be the exclusive focus of any class nor the sole basis of a school's drug prevention efforts.

SPECIAL NEEDS OF AMERICAN INDIANS/ALASKA NATIVES AND OTHER MINORITY GROUPS

For many people, alcohol and other drug use is exacerbated by other social problems associated with extreme poverty, poor educational opportunities, and isolation from job opportunities and society in ghettos and barrios and on reservations. The Commission recognizes that these conditions pertain, in various degrees, to a number of minority groups and need to be addressed if we are to be fully effective in eliminating drug use. It also believes the alcohol and drug problems of American Indians/Alaska Natives need special

attention because of their unique position in our society and because of their pervasive and extreme use of alcohol and other drugs.

The Commission urges the Departments of Education, Interior, and Health and Human Services to work together to develop strategies and programs to deal with these serious drug problems. The Commission also encourages the recently established Department of Education Task Force on Indian Nations at Risk to pay special attention to problems associated with alcohol and other drug abuse by American Indians/Alaska Natives.

SUSPENSION OF ELIGIBILITY FOR FEDERAL FUNDS AND BENEFITS

The Commission believes that people who violate drug laws and policies should not have the privilege of receiving certain kinds of federal funding, loans, or other benefits. The Commission support rigorous use of Section 5301 of the Anti-Drug Abuse Act of 1988 by judges and prosecutors. It also supports the concept of mandatory revocation of federal student benefits for all those convicted of sale or distribution of a drug and continued judicial discretion for those convicted of drug possession.

"The American Indian is being ravaged by alcohol and their survival is threatened. At nearly all organizational levels on the reservation they report social dysfunction. Their drug problems are unique."—*Wes Smith, Commission member*

THE ROLE OF SCHOOLS IN INTERVENTION, TREATMENT, AND AFTERCARE

In many cases, schools are the only place where students receive the kind of attention from adults that allows their drug problems to be discovered. Therefore, schools should take an active role in identifying students and staff with alcohol and drug problems and referring them for treatment. Intervention should be handled by trained teachers or counselors and limited to students and staff.

Schools should not attempt to provide treatment for students with alcohol and other drug problems, but schools should be responsible for providing aftercare support groups or individual counseling groups to students recovering from drug problems.

SUMMARY OF RECOMMENDATIONS

RECOMMENDATIONS FOR SCHOOLS TO CONSIDER

- All schools should build upon existing law and develop comprehensive policies on the possession, use, distribution, promotion, and sale of drugs, including alcohol and tobacco; specify sanctions for policy violations; and provide all students and parents copies of policies.
- Every school district should develop and conduct drug education and prevention programs for all students from kindergarten through grade 12.
- Schools should reinforce the principles of civic and individual values and responsibility.
- School boards and school superintendents should review health texts and other commercially designed curricula to ensure that information related to alcohol and other drug use is accurate and sends a clear "no use" message.
- Schools should assess where they place and how they use counselors.

RECOMMENDATIONS FOR COLLEGES TO CONSIDER

- Colleges should develop and enforce policies that prohibit the use of all illegal drugs.
- Colleges and universities should conduct mandatory drug education and prevention orientation sessions for all students.
- Colleges and universities should develop and conduct programs to educate and change attitudes of parents and alumni about drugs, including alcohol and tobacco.
- Colleges should include drug prevention education in curricula for educators and other professionals who work with youth.
- At colleges, require all organized group residences to develop risk management plans.

RECOMMENDATIONS FOR SCHOOLS AND COLLEGES TO CONSIDER

- School superintendents and college presidents should establish a drug education and prevention task force to assess drug problems, student and staff attitudes, and the relevant policies, practices, and programs of the school.
- Every school district and college should provide leadership training for its top administrators.
- Every school and college should provide staff members in-service training on alcohol and other drugs.
- Prohibit alcohol and tobacco use at all school and college sporting events.
- State clearly the school rules regarding alcohol and cigarette use and possession in school and at school events, and ensure the rules are strictly enforced.
- Prohibit all alcohol and tobacco advertising in school newspapers, at stadiums, and at all school events.

- Include alcohol and tobacco in the school's drug prevention curriculum.
- To help counter the influence of advertising, teach students the basic concepts of marketing alcohol and tobacco products and the ways in which marketers seek to initiate and increase product consumption through audience targeting, celebrity endorsements of products, and other means.
- Provide adequate support programs for students and staff who need help combatting drinking or smoking problems.

RECOMMENDATIONS FOR SCHOOLS, COLLEGES, AND COMMUNITIES TO CONSIDER

- School, college, and community task forces should recognize individuals and groups that demonstrate a leadership role in drug prevention activities.
- Schools and communities should consider alternative sanctions for students who violate drug laws.

RECOMMENDATIONS FOR FAMILIES TO CONSIDER

- Parents should work with schools and colleges to develop and enforce drug policies.
- Parent and community groups should take a more active role in developing and selecting drug prevention programs.
- Set a positive example for children and younger siblings.
- Make clear to family members and friends that underage youths may not use alcohol or tobacco in your home.
- Know your children's friends and establish common rules and expectations with other parents.

RECOMMENDATIONS FOR THE FEDERAL GOVERNMENT TO CONSIDER

- All federal agencies that develop or sponsor a drug education and prevention program should include a "parent component."
- The Department of Education and the Department of Health and Human Services together should continue to collect and regularly distribute information about effective and ineffective prevention programs, concepts, and activities.
- The federal government should continue support for long term research on drug education and prevention programs for epidemiological surveys and longitudinal studies.
- The federal government should create and provide long term support for a national drug prevention development center.
- The federal government should establish a national center to provide colleges training and technical assistance.

RECOMMENDATIONS FOR THE DEPARTMENT OF EDUCATION TO CONSIDER

- The Departments of Education and Health and Human Services should develop and encourage the use of model survey instruments and assessment standards.
- The Department of Education should monitor closely the development and enforcement of school and college antidrug policies.
- The Department of Education should develop model in-service teacher training programs for schools and colleges.
- The Department of Education should promote the development and use of innovative technology for in-service training.
- The Department of Education should develop a Drug-Free Recognition Program for colleges.
- The Department of Education should ensure that all education recognition programs weigh schools' drug prevention policies and programs along with other factors.
- The Department of Education should ensure that schools conduct periodic evaluations of all drug education and prevention programs.

RECOMMENDATIONS FOR CONGRESS TO CONSIDER

- Congress should consider amending the Drug-Free Schools and Communities Act to expand the responsibilities of advisory councils.
- Congress should require all federal and state-funded drug education and prevention program materials to state that all illegal drug use is wrong and harmful.
- Congress should amend the Drug-Free Schools and Communities Act to give the Department of Education the authority and resources to conduct its own research.
- Require states, as a condition for receiving Drug-Free Schools and Communities Act funds, to match a percentage of the federal funds they receive.
- Require equal time for counteradvertising targeted toward underage youth.
- Require additional health and safety messages on all alcohol and tobacco products and their advertising.
- By 1992, require that an independent agency examine whether advertising practices still target youth and glamorize alcohol and tobacco use. If such promotional tactics continue, Congress should consider enacting a ban on advertising and promotion of either or both of these products.
- Increase excise taxes on alcohol and tobacco products *as a deterrent to use*.

RECOMMENDATIONS FOR THE STATES TO CONSIDER

- Governors should establish a central office or organization to coordinate the statewide administration of all drug education and prevention funds.

- States should create drug free schools recognition programs.
- State and local governments should conduct surveys on trends in drug use among school aged youth.
- State certification boards should require prospective teachers, counselors, and administrators seeking certification or recertification to have training in drug prevention.
- States should develop technical assistance centers comparable to the federal regional centers.
- State governments should increase funding for drug education and prevention programs at all levels, including for state colleges and universities.
- States and communities should review all laws and ordinances related to the sale or use of tobacco and alcohol, to determine how they can better protect students.
- Courts should hold parents responsible for using drugs and for encouraging or condoning drug use by their children.
- States should expand Drug Free School Zones legislation to include colleges and penalties for the sale of alcohol and tobacco to minors.
- States should adopt and enforce antiparaphernalia laws such as those in the Model Drug Paraphernalia Act.
- States should collect and maintain statistical and other relevant information on the amount and type of violations of alcohol laws and ordinances.
- States should raise taxes on cigarettes and alcoholic beverages, especially beer.
- States should launch statewide antidrug, antismoking, and antidrinking media campaigns.
- States should enact legislation to require tobacco vendors to be licensed, vigorously enforce licensing regulations for merchants of alcohol and tobacco products, and make license revocation a penalty for selling to minors.
- States should ban cigarette vending machines.
- States should prohibit alcohol and tobacco advertising and promotion at all state colleges and universities, including at sporting events.

RECOMMENDATIONS FOR FEDERAL AND STATE GOVERNMENTS TO CONSIDER

- The government and private sector should consider providing employees time off to work with students.
- Federal and state governments should fund only those education and prevention efforts that are likely to be effective.
- Federal, state and local governments should provide additional resources for a variety of drug education and prevention efforts.
- Establish an assessment fund for drug education and treatment as an option for increasing revenue.

RECOMMENDATIONS FOR COMMUNITIES TO CONSIDER

- Each community should establish a drug prevention task force to analyze the extent of alcohol and other drug problems within the community and develop strategies to address problems.
- Local police departments should work with schools and colleges to develop and enforce school and college policies on drugs, including alcohol and tobacco.
- All private-sector employers should enforce school alcohol and tobacco policies on the job for employees under age 21.
- Textbook publishers and commerical curriculum developers should stay abreast of current research and evaluation findings to keep text and other materials up-to-date.
- The community should keep school buildings open beyond regular schools hours for use by students, families, and the community.
- Communities should contribute resources to drug education and prevention programs, especially to keep school buildings open after school hours and year-round as community centers.
- Change local ordinances on the sale of tobacco.
- Enforce laws prohibiting the sale of alcohol and cigarettes to minors.
- Pass ordinances that would limit where stores could display alcoholic beverages. The ordinances specifically should prohibit the display of wine coolers among groceries.
- The private sector should share training, technical expertise, and resources with schools and colleges.

PARTICIPANTS IN COMMISSION ACTIVITIES

WASHINGTON, D.C.
SEPTEMBER 28–29, 1989
MacArtbur Scbool

Public Hearing

Dr. Edgar Adams
National Institute on Drug Abuse

Thomas Albrecht
National Institute of Justice

Lane Betts
Federal Bureau of Investigation

Dr. Ron Bucknam
U.S. Department of Education

Dr. William Bukowski
National Institute on Drug Abuse

Frankie Coates
U.S. Drug Enforcement Administration

Dr. Maura Daly
U.S. Department of Education

Calvin Dawson
ACTION

Terrence Donohue
U.S. Department of Justice

Julie Fagan
U.S. Department of Housing and Urban Development

Carl Hampton
Office for Substance Abuse Prevention

Dr. Lloyd Johnston
University of Michigan

Allen King
U.S. Department of Education

Dr. Herbert Kleber
Office of National Drug Control Policy

Denese Lombardi
MacArthur School

Robert Long
National Institute of Justice

Ken Morris
U.S. Border Patrol

Carol Petrie
U.S. Department of Justice

Dr. Robert Rubel
National Institute of Justice

Nelson Smith
U.S. Department of Education

Charles Sorrentino
U.S. Department of the Treasury

Ronald Trethric
U.S. Department of Justice

PORTLAND, OREGON
NOVEMBER 6–7, 1989
George Middle Scbool
Portland State University

Public Hearing

Jane Arkes
George Middle School

The Honorable J.E. Bud Clark
Mayor, Portland, Oregon

Rosanna Creighton
Citizens for a Drug-Free Oregon

Linda Ellison
Albany Free from Drug Abuse

Dr. Monty Ellison
Albany Free from Drug Abuse

Stephen Griffith
Portland School Board

Dr. Eugene E. Hakanson
Portland State University

Ron Herndon
Albina Ministerial Association

Jeffrey Kushner
Oregon Office of Alcohol and Drug Abuse Programs

Judson Randall
The Oregonian

Michael Shrunk
Multnomah County District Attorney

Issue Discussions

Nancy Ames
Educational Development Center

Tony Biglan
Oregon Research Institute

Dr. Joan Bissell
University of California at Irvine

Captain Michael Bostic
Los Angeles Police Department

Dr. Margaret Branson
Kern County Schools

Dr. William Bukowski
National Institute for Drug Abuse

Caroline Cruz
Oregon Prevention Resource Center

William Edelman
Orange County Drug Treatment and Prevention

Jill English
Western Center for Drug Free Schools and Communities

Theodore Faro
Banks School District 13

Don Fitzmahan
Roberts, Fitzmahan & Associates

Roy Gabriel
Western Center for Drug Free Schools and Communities

Kris Graham
Atlantic Shores Hospital

Dr. David Gustafson
University of Wisconsin

Dr. Eugene Hakanson
Portland State University

Dr. David Hawkins
University of Washington

Robert Jackson
Oregon Criminal Justice Department

Judy Johnson
Western Center for Drug Free Schools and Communities

Dr. Karol Kumpfer
University of Utah

Gerald Lundquist
Chief Leschi High School

Binah Paz
Chief Leschi High School

Lesley Pomeroy
Newberg School District

Dr. Buzz Pruitt
Texas A&M University

Charles Quigley
Center for Civic Education

Dr. Jean Richardson
University of Southern California

Marilyn C. Richey
Portland Public Schools

Clay Roberts
Roberts, Fitzmahan & Associates

Linda Rudolph
Chief Leschi Schools

Mary Simpson
Newberg Public Schools

Terry Taege
Lutheran Brotherhood

Sunny M. Thomas
Texas Education Agency

Schools Participating in Meetings with Students, Teachers, and Administrators

Banks Public Schools

Beaverton Public Schools

Gresham Public Schools

Chief Leschi Schools

Newberg Public Schools

Portland Public Schools

Riverdsport Public Schools

Tigard Public Schools

Site Visits

Columbia Villa Housing Development
Portland, Oregon

Harriet Tubman Middle School
Portland, Oregon

Portland School Police headquarters
Portland, Oregon

BOSTON, MASSACHUSETTS
NOVEMBER 13–14, 1989
Madison Park-Humphrey Center High School
Boston University

Public Hearing

Dennis Austin
Raytheon Company

The Honorable Ted Kennedy
U.S. Senator, Massachusetts

Mary Ann Lee
Governor's Alliance Against Drugs

Keema McAdoo
Jeremiah Burke High School

The Honorable Evelyn F. Murphy
Lieutenant Governor, Massachusetts

Julia Ojeda
The Prevention Center

Thomas O'Reilly
Boston School Committee

Dr. Deborah Prothrow
Stith Community Care Systems, Inc.

Khrista Ribeiro
East Boston High School

Frances Roache
Boston City Police

Jim Watson
Madison Park Humphrey Center High School

Issue Discussions

Arceina R. Allen
Citywide Parent Council

Dr. Leslie Beale
Boston University

Kevin Burke
Essex County District Attorney

Blanca Carrera
Chelsea, Massachusetts

Thomas Connelly
Wappinger School District

Linda Jo Doctor
Department of Public Health

Susan Downey
Governor's Alliance Against Drugs

Gary Edwards
Former New Jersey Attorney General

Marjorie Ann Eure
Lee Elementary School

Bernadette Fitzgerald
Don Bosco High School

Emmet Folgert
Dorchester Youth Collaborative

Joseph W. Gauld
The Hyde School

Nancy Granat
National Federation of Parents

Dr. Shirley Handler
Boston Public Schools

Suzanne Heath
PRIDE Incorporated

James M. Johnson
J. M. Johnson & Company

Curtis Jones
Boston Housing Authority

Cindy Laba
Boys and Girls Clubs

Jane Leung
Chinese *YES*

Laura McDonagh
Boston Public Schools

Damon Morris
Lynn English High School

Otto Moulton
Committees of Correspondence

Minister Don Muhammed
Muhammed's Mosque 11

Linda Peterson
Parent Information Center

Gay Rafferty
East Boston High School

John Ribeiro
East Boston Probation Officer

Genevieve Ruz
Lynn City Hall

Charlie Rose
Boston Community Schools

Dr. John Swisher
Pennsylvania State University

Robert Wilson
Pittsburgh, Pennsylvania Cities in Schools

Charley Yancey
Councillor, Boston, Massachusetts

Schools Participating in Meetings with Students, Teachers, and Administrators

Archdiocese of Boston
Salisbury School, CT

Boston Public Schools
Boston Community Schools

Site Visits

Town Hall Meeting in Eastern Junior High School
Lynn, Massachusetts

The Medical Foundation Prevention Center
Boston, Massachusetts

DETROIT, MICHIGAN
December 14–15, 1989
Southfield High School
Mercy College

Public Hearing

Clementine Barfield
Detroit, Save Our Sons and Daughters

Terry Bowers
Wayne State University

Judge Bernard Friedman
U.S. District Court

Carol Goss
Kellogg Foundation

The Honorable Paul Henry
U.S. Congressman, 5th District, Michigan

Dan Hogan
Southfield High School

Michael Kerosky
Toledo Central Catholic High School

Dr. Barbara Markle
Michigan Department of Education

Karl Miller
Southfield High School

Eileen Ross
Livonia parent

The Honorable William Schuette
U.S. Congressman, 10th District, Michigan

Michael Smith
Toledo Central Catholic High School

Ken Wilson
Southfield High School

Issue Discussions

Dr. Duane Arnold
Wayne State University

Clementine Barfield
Detroit, Save Our Sons and Daughters

Judith Doner Berne
Observer and *Eccentric* Newspapers

Ron Brown
Ministers Alliance

Roger Chapin
Citizens for a Drug Free America

Lewis Colson
Detroit School System

Sue Colmer
Party Safe Homes

David Fukuzawa
New Detroit, Inc.

Dr. Seymour Gretchko
West Bloomfield Schools

Thomas J. Groth
Henry Ford Health Care Corporation

Christine Hanstrom
Royal Oak Schools

Robert Harrison
COSMOS Corporation

Dan Hogan
Southfield High School

Janet Holland
Southfield High School

Lawrence Holland
Wixom Police Department

Barbara Hower
Michigan Department of Education

Cherry Jacobus
Michigan Board of Education

Veronica Kredo
Washtenaw-Livingston Substance Abuse Advisory Council

Richard Lange
McComb School District

Barbara Littleton
Orchard Lake, Michigan

Diane Manica
Detroit Public Schools

Roz Mermell
Lake Orion District Substance Abuse

Donald L. Reisig
Office of Drug Agencies

Zelda Robinson
Michigan School Board Association

Sharon Scott
Westland School Board

Lucy Smith
McComb Intermediate School District

Judge Edward Sosnick
Circuit Court, Oakland County

Larry Strong
Waterford School District

Richard Thompson
Oakland County District Attorney

Sis Wenger
Sis Wenger & Associates

Roy Levy Williams
Chrysler Corporation

Veronica Winborne
Project *EPIC*

School Districts Participating in Meetings with Students, Teachers, and Administrators

Detroit
South Oakland County
Ypsilanti/Ann Arbor

Site Visits

Cleveland Middle School
Detroit, Michigan

The Sanctuary
Royal Oak, Michigan

Tiedstone Baptist Church
Detroit, Michigan

MIAMI, FLORIDA
January 11–12, 1990
Charles R. Drew Elementary School
University of Miami

Public Hearing

Dr. Emmalee Bandstra
Jackson Memorial Hospital

Dr. Gene Burkette
Jackson Memorial Hospital

Ruben Dixon
Charles Drew Elementary School

T. Willard Fair
Miami Urban League

Dr. Edward T. Foote
Miami Coalition for a Drug Free Community

Katielya Larck
Charles Drew Elementary School

Dr. James Mennes
Dade County Schools

Frederick A. Morley
Charles Drew Elementary School

Benny Ortega
Charles Drew Elementary School

Tony Shamplain
Addictions and Preventive Health Services

Bruce C. Starling
Harcourt, Brace, Jovonovich, Inc.

Issue Discussions

Major Steven Bertucelli
Broward County Sheriff Department

Major Jimmie Brown
Dade County Police

Lauren (Jody) Brushwood
Communities Grant Program

Michael Carpenter
Cobb County Public Schools

Ruben Cedeno
Southeast Regional Center for Drug Free Schools and Communities

David Choate
Broward County Commission on Substance Abuse

Marilyn Culp
Miami Coalition

Scott Dawson
Coral Springs High School

Dick Eldredge
Knight-Ridder Broadcasting

Johnny Gaines
Everglades Middle School

Jim George
Arthur Anderson & Co.

Dr. Thomas Gleaton
PRIDE Incorporated

Rabbi Gary Glickstein
Temple Beth Shalom

Julia Harvard
Duval County School District

Steve Hicks
Raleigh, North Carolina Alcohol and Drug Defense

Major Douglas Hughes
Metro/Dade County Police Department

Sister Marie Carol Hurley
Barry University

Rosbin Ivery
Glade Middle School

Val Jackson
Florida Alcohol and Drug Abuse Association

Mary Johnson
Southeast Regional Center for Drug-Free Schools and Communities

Ivan Marleaux
Dade County Public Schools

Raul Martinez
ASPIRA of Florida

Douglas F. McKittrick
Southeast Regional Center for Drug-Free Schools and Communities

Dr. James Mennes
Dade County Public Schools

Jeff Miller
W.R. Thomas Middle School

Keith Miller
Southeast Regional Center for Drug-Free Schools and Communities

Mary Beth Morton
Pensacola Junior College

Jeane Myddelton
Florida Informed Parents For Drug-Free Youth

Mendy Nissenburg
North Miami Beach High School

Fr. Sean O'Sullivan
Archdiocese of Miami

Mary Peterson
Naples Informed Parents

Judge Tom Peterson
Dade County Juvenile Court System

Dr. William Primus
Neighborhood Task Force Coalition

Wayne Roques
U.S. Drug Enforcement Administration

Dr. Richard Rubinson
Dade County Medical Association

Don Samuels
Dade County Schools

Peggy Sapp
Informed Families of Dade County

Dr. Anderson Spickard
Robert Wood Johnson Foundation

Fred Taylor
Metro-Dade Police Department

Ninky Vickers
Mobile Partnership for Youth

Rubie Wilcox
PRIDE of Polk County

Vernon Wilder
Corporate Academy

Bobby Wilds
Boys and Girls Clubs of Tampa

Site Visits

Linda Rae Center/The MacLemore Center, Miami, Florida

Newborn Intensive Care Unit at Jackson Memorial Hospital, Miami, Florida

Liberty City Community, Miami, Florida

Informed Families' Community Action Teams, Coral Gables, Florida

SAN DIEGO, CALIFORNIA
February 19–20, 1990
National Convention of the National Association of Secondary School Principals

Public Hearing

Alex Aitcheson
McFadden Intermediate School, CA

Dr. Ron Brown
Addison Trail High School, CA

Mike Durso
Yorktown High School, VA

John Horn
Secondary Heads Association, UK

Don Layne
Addison Trail High School, IL

Dorothy Leonard
National PTA Board of Directors, CA

Shirley Peterson
Patrick Henry High School, CA

Asa Reaves
Association of California School Administrators, CA

Rosilyn L. Schleife
National Education Association, WI

Joan Marie Shelley
United Educators of San Francisco/American Federation of Teachers, CA

Dr. Marian Stevens
Osborne High School, VA

Dr. Scott Thomson
National Association of Secondary School Principals, VA

Panel Discussions with Principals and Superintendents

Dr. Vicki Baker
North Kansas City High School, MO

Dr. Timothy Dyer
National Association of Secondary School Principals, VA

Al Goycochea
Sweetwater High School, CA

Dan Hogan
Southfield High School, MI

John Horn
Secondary Heads Association, UK

David King
Pikesville High School, MD

William Pappas
Westbrook School Department, ME

Stephen Swymer
General Wayne Middle School, PA

Issue Discussions

Doris Aiken
Remove Intoxicated Drivers, NY

Bill Alden
U.S. Drug Enforcement Administration, DC

Dr. Charles Atkin
Michigan State University Research, MI

Jeff Becker
The Beer Institute, DC

David Brenton
Smokers' Rights Alliance, AZ

Steve Burrows
Anheuser-Busch Companies, Incorporated, MO

William F. Cullinane
Students Against Drunk Driving, MA

Bobby Heard
Texans' War on Drugs, TX

Al Ingallinera
University of San Diego, CA

Ben Mason
Coors Brewing Company, CO

Walker Merryman
The Tobacco Institute, DC

Ann Meyer
National Federation of Parents, IL

Dr. Al Mooney
Willingway Hospital, GA

Dr. David J. Pittman
Washington University Research, MO

Karen Reist
Scott Newman Foundation, CA

John Shafer
Miller Brewing Company, WI

Dr. John Slade
University of New Jersey Medical School, NJ

Ricki Wertz
National Media Outreach Center, PA

Dr. Cecilia Willis
National Council on Alcoholism, NY

Site Visit

San Diego County Sheriff Department
San Diego, California

SALT LAKE CITY, UTAH
March 5–6, 1990
University of Utah

Public Hearing

Drew F. Bolander
Timpview High School

Mary Lou Bozich
Utah State Office of Education

Dr. Orville D. Carnahan
Salt Lake Community College

Michael P. Chabries
Salt Lake City Police

Kyle Crump
Snow College

Molonai Hola
University of Utah

Carlos Jimenez
Institute of Human Resource Development

James McCoy
Northwest Intermediate School

Ryan Moore
University of Utah

Dr. Chase Peterson
University of Utah

Joyce Silverthorne
Salish Kootenai College

Harold Trussel
West High School

Anthony
Utah gang member

Henry
Utah gang member

Student Panel Discussion

Scott Berry
University of Minnesota

Pat Evans
Salt Lake Community College

Daniel Goodwin
Howard University

Eric Mast
Elon College

Lisa Park
Stanford University

Student Debate

University of Utah Forensic Team:
Lisa Johnson
Blaine Rawson
Shawn Whalen
Rebecca Bjork, Coach

University of Wyoming Forensic Team:
Wendy Irving
Dyann Michael
Nick Stafford
Wayne Callaway, Coach

Issue Discussions

Kristi Anderson
Provo, Utah

Carolyn Ayers
Alabama A&M University

Dr. John S. Baer
University of Washington

Dr. Margaret Barr
Texas Christian University

Edgar Beckham
Wesleyan University

Carl Boyington
Bonneville High School

Mary Lou Bozich
Utah State Office of Education

Dr. Randolph J. Canterberry
University of Virginia

Shawn Coombs
Dixie College

Katherine Duffy
Cornell University

Dr. Gary Fenstermacher
University of Arizona

Brian Fitzgerald
Advisory Committee on Student Financial Assistance

Dr. Paul Gianini, Jr.
Valencia Community College

Dr. Ronald Glick
Northeastern Illinois University

Rachel Goldstein
Salt Lake City, Utah

Daniel Goodwin
Howard University

Barbara Hardy
Salt Lake County Prevention Services

Kay Harmer
Spanish Fork Intermediate School

Ruth Henneman
Westminster College

Barbara Brown Herman
Texas Christian University

Dr. Richard Hurley
Brigham Young University

Tammy Issacs
University of Utah

Dr. Gary Jorgensen
University of Utah

Dr. William Karmack
University of Oklahoma

Louise Kier
National Panhellenic Conference

Dr. Wesley C. McClure
Virginia State University

Dr. Phil Meilman
Dartmouth College Health Services

Dr. Roger Mouritsen
Utah State Office of Education

Dr. Janice Pearce
Utah State University

Kimberly Player
Mount Logan Middle School

Jeff Ross
Salt Lake Community College

Carol Sager
Sager Educational

Dr. Arlene Seal
Campuses Without Drugs

Ellen Thomas
University of California, Irvine

John S. Towle
University of Colorado

Dr. Lee Upcraft
Pennsylvania State University

Ray Van Buskirk
U.S. Department of Education

Dr. Vonnie Veltrie
U.S. Department of Education

Carol Voorhees
Salt Lake City Schools Drug Prevention Programs

Site Visits

Kappa Gamma Sorority

Kappa Sigma Fraternity

Pi Beta Phi Sorority

Sigma Nu Fraternity

OMAHA, NEBRASKA
March 21–23, 1990
Boys Town

Participants

The Honorable Kay Orr
Governor, State of Nebraska

The Honorable P.J. Morgan
Mayor, Omaha, Nebraska

The Honorable Peter Hoagland
U.S. Congressman, 2nd District, Nebraska

The Rev. Val J. Peter
Executive Director
Boys Town, Nebraska

Site Visit

Boys Town
Omaha, Nebraska

"Mad Dads"
Omaha, Nebraska

Westside Community Schools
Omaha, Nebraska

JACKSON, MISSISSIPPI
April 17, 1990
Forest Hill High School

Public Hearing

Dr. Robert Fortenberry
Jackson Public Schools

Margaret Graham
Mississippi Department of Public Safety

Don Grubbs
R. H. Watkins High School

Dr. Maxie Kohler
Mississippi State University

Penny Leech
Natural Helpers Group

Robert Markham
Carver Middle School

Dr. James D. McChesney
University of Mississippi

June Milam
Drug Research and Education Association Of Mississippi

Andy Mullins
Mississippi Department of Education

Candace Ozerden
Gulfport City Student Services

Jane Philo
Gulf Coast Women's Center

Dr. Ennis Proctor
Forest Hill High School

De Ann Viator
Project Get Involved

Sheila Wallace
Pearl River Information and Drug Education

Stephanie Webb
FACES Program

Tammy Wise
University of Southern Mississippi

Site Visit

Jackson State University

NEW ORLEANS, LOUISIANA
April 23, 1990
National Convention of the National School Boards Association

Public Hearing

Maureen DiMarco
California School Boards Association

Albert Hawk
New York School Boards Association

Kenneth Knutsen
NSBA Rural District Forum

Octavius Reid, Jr.
New Jersey School Boards Association

Ray Rudzinski
Wisconsin School Boards Association

William Schofield
Pennsylvania School Boards Association

Mildred Tatum
NSBA Large District Forum

Charles Wade
Texas Association of School Boards

Jonathan Wilson
NSBA Council of Urban Boards of Education Chairman

MONTGOMERY, ALABAMA
April 30, 1990
Robert E. Lee High School

Public Hearing

Reverend John Alford
Clergy Anti-Drug Campaign

Carolyn Ayers
Alabama A&M University

The Honorable Roger Bedford
State Senator, Alabama

Dr. Thomas Bobo
Montgomery Public Schools

Charles Cleveland
Montgomery County United Way

Gail Ellerbrake
Governor's Office of Drug-Abuse Policy

Lionel Garnier
Montgomery County Schools

Fred Guy
Robert E. Lee High School

Joe Lightsey
Alabama Department of Education

Jennifer Litaker
Robert E. Lee High School

Elizabeth Price
Opelika High School

Dr. J. Phillip Raley
Opelika City Board of Education

Ron Rowlett
Young Life of Montgomery

The Honorable Richard Shelby
U.S. Senator, Alabama

Tom Sorrell
Office of the Attorney General

Gloria Stabler
Southeast Alabama Youth Services

Glenda Trotter
Alabama PTA

Ernestine Tucker
University of Alabama at Tuscaloosa

Ninky Vickers
Mobile Bay Area Partnership for Youth

Kimon Washington
Johnson High School

Mary Ruth Yates
Huntsville City Schools

COLUMBUS, OHIO
May 18, 1990
Eastmoor Middle School

Public Hearing

Janet Baker
Anderson High School

Katie Deedrick
Wright State University

The Honorable Mike DeWine
U.S. Congressman, 7th District, Ohio

Alvin Freeman
Concerned Christian Men, Inc.

Johnetta Gant
C.A.R.E.S./Work to Win

James R. Greene III
Concerned Christian Men, Inc.

Mary Greenlee
Franklin County Drug-Free School Consortium

Phillip Hobbs
Eastmoor Middle School

Kristin McCloud
Adolescent Alcohol and Drug Project

Eric Mitchell
Eastmoor Middle School

Lisa Prudhoe
Ohio State University

Diane Pulito
Parents Communications Network

David Stone
Ohio University

Chris Suhar
Anderson High School

Michael L. Walker
Substance Abuse Initiative of Greater Cleveland

Lucille Wientzen
Anderson High School

Marty Zupan
Sycamore Hospital

Site Visit

Montgomery County Juvenile Court
Dayton, Ohio

Additional Meetings

NASHVILLE, TENNESSEE
December 9, 1989
Governor's Conference for a Drug-Free Tennessee

SPOKANE, WASHINGTON
April 19, 1990
National Indian School Boards Association

NEW YORK CITY, NEW YORK
May 22, 1990
Archdiocese of New York

Participants

Father Terry Attridge

Father Colemen Costello

John Cardinal O'Connor

Rabbi Arthur Snyder

BIOGRAPHIES OF COMMISSION MEMBERS

***Peter Bell**, President*
Bell and Associates
Minneapolis, Minnesota

Mr. Bell has provided technical assistance and training on drug abuse to a variety of organizations in 43 states and 6 foreign countries. He has coauthored two books and written numerous articles on alcohol and drug treatment, with an emphasis on drug abuse in minority populations. He was a cofounder of the Institute on Black Chemical Abuse, served on the White House Conference for a Drug-Free America, and has served as an adviser or board member to numerous national organizations dedicated to dealing with alcohol and drug-related issues.

***Lee P. Brown, Ph.D.**, Police Commissioner*
New York City, New York

Dr. Brown has spent 30 years in law enforcement and was formerly chief of police for Houston, Texas. The author of many papers on crime and the criminal justice system, he also holds a doctorate in criminology and a master's degree in sociology. He is currently the 1st vice president and president-elect of the International Association of Chiefs of Police.

***Sen. Dan R. Coats**, R-Indiana*
Washington, DC

Senator Coats is a former four-term member of the House of Representatives who was selected in 1988 to complete the unexpired Senate term of Vice President Dan Quayle. He serves on the Committee on Armed Services and the Committee on Labor and Human Resources, including the Subcommittee on Children, Family, Drugs and Alcohol. He is also a member of the National Commission on Children.

***Sen. Thad Cochran**, R-Mississippi*
Washington, DC

Senator Cochran served three terms in the House of Representatives before being first elected to the Senate in 1978. He serves on the Committees on Appropriations, Agriculture, Labor and Human Resources, and Indian Affairs. He has served as a member of the Senate leadership since 1985 when he was elected Secretary of the Senate Republican Conference.

***Cong. Mike DeWine**, R-Ohio*
Washington, DC

Congressman DeWine is serving his fourth term representing Ohio's Seventh District. He serves on the Committee on Foreign Affairs and Committee on Judiciary, including the Subcommittees on Crime and Economic and Commercial Law. He served on the House Drug Task Force and was one of the authors of the 1988 Anti-Drug Abuse Act. Before his election to Congress, he served in the Ohio State Senate and as a county prosecuting attorney.

***Henry C. Gradillas, Ed.D.**, Special Consultant*
California State Department of Education
Los Angeles, California

Dr. Gradillas was the principal of Garfield High School in Los Angeles prior to becoming a consultant to the California State Department of Education. He has also served as a teacher and administrator in schools with large populations of "high risk" students. His success in overcoming a serious drug problem at one high school and designing a curriculum that set high standards for his students are recognized accomplishments in the prevention community.

***Sen. Bob Graham**, D-Florida*
Washington, D.C.

Senator Graham served as Governor of Florida and in the Florida legislature before his election to the U.S. Senate in 1986. Senator Graham serves on the Committee on Banking, Housing, and Urban Affairs, Committee on Environment and Public Works, Committee on Veterans Affairs, and the Special Committee on Aging. He was also one of the authors of the 1988 Anti-Drug Abuse Act.

***Lorraine E. Hale, Ph.D.**, Executive Director*
Hale House
New York City, New York

Dr. Hale cofounded Hale House in New York City with her mother; the house is noted for the care and treatment of drug-affected babies and their mothers. She has conducted research and published reports on the effects of drugs on unborn babies. Dr. Hale has served as a guidance counselor and special education teacher in the New York school system and has lectured extensively on various aspects of the drug problem.

***Richard Ham**, Chief of Planning, Evaluation, and Program Development*
Department of Human Resources
Carson City, Nevada

Before assuming his current position, Mr. Ham was chief of the Bureau of Alcohol and Drug Abuse in Carson City for 12 years. Throughout his career, he has worked on alcohol and drug abuse issues through the Governor's Alliance for a Drug-Free Nevada, the Northeast Florida Comprehensive Drug Program, and numerous State and national programs for "at risk" youth.

Hon. Paula Hawkins
Winter Park, Florida

Senator Hawkins is the U.S. Principal Representative to the Inter-American Drug Abuse Control Commission of the Organization of American States (OAS), which negotiates drug treaties for the OAS. She also heads the National Commission on Responsibilities for Financing Postsecondary Education and manages an international consulting firm. She was elected to the U.S. Senate in 1980 where she was active in antidrug issues.

***Cong. Paul Henry**, R-Michigan*
Washington, DC

Congressman Henry is serving his third term representing the Fifth Congressional District of Michigan. He serves on the Committee on Science, Space, and Technology and the Committee on Education and Labor. He is the ranking Republican on the Subcommittee on Health and Safety and serves on the Subcommittees on Employment Opportunities and Postsecondary Education. Before his election to Congress, he served on the Michigan State Board of Education and in the Michigan legislature.

***Lloyd D. Johnston, Ph.D.**, Program Director*
University of Michigan
Ann Arbor, Michigan

Dr. Johnston is a research scientist and program director at the University of Michigan's Institute for Social Research. He is the principal investigator for the on-going national surveys of high school and college students regarding drug and alcohol use. He has written and lectured extensively on substance abuse among adolescents and young adults and has served as an adviser to numerous foreign governments, as well as various universities and government agencies. He has served on the National Advisory Council on Drug Abuse and the White House Conference for a Drug-Free America.

***Liz Karnes, Ed.D.**, School Board Member*
Westside Community Schools
Omaha, Nebraska

Dr. Karnes is treasurer of the Westside Community Schools Board of Education in Omaha. For 12 years, she served as a reading specialist, postdoctoral fellow, and supervisor of curriculum and instruction at Boys Town, Nebraska. She was an adjunct professor at the University of Nebraska at Omaha and at Creighton University, and is a coauthor of three books on education.

***Camerino M. Lopez, Jr.**, Principal*
James Garfield School
Phoenix, Arizona

Mr. Lopez is the principal of an elementary school in Phoenix that has a student body that is considered to be "high risk." His innovative approaches to education and the program he instituted at Garfield led to a profile of the school in Department of Education publications. Mr. Lopez has also served as a classroom teacher for both elementary students and adult education and as a bilingual education counselor.

***Cong. Nicholas Mavroules**, D-Massachusetts*
Washington, DC

Formerly the mayor of Peabody, Massachusetts, Congressman Mavroules is serving his sixth term in Congress. He is the ranking member of both the Committee on Armed Services and the Committee on Small Business, and he serves on the Select Committee on Intelligence. He has cosponsored legislation to support drug education and prevention for children and has advocated military support of drug interdiction efforts.

***Elizabeth McConnell**, Director of Marketing Development*
Maritz Motivation Company
St. Louis, Missouri

Before assuming her current position, Ms. McConnell served as the law enforcement coordinating manager for the United States Attorney for the Middle District of Florida. She has also been a consultant to the White House Conference for a Drug-Free America and a panelist for the U.S. Department of Education's Drug Education Curricula Guidelines. She has trained communities and school systems nationwide on the implementation of comprehensive drug prevention programs.

***George J. McKenna III, Ed.D.**, Superintendent*
Inglewood Unified School District
Inglewood, California

A career teacher and administrator for 28 years, Dr. McKenna was formerly principal of a preparatory high school in Los Angeles and has been the subject of a CBS television movie about his experiences there. He serves on the boards of directors for many civic and educational organizations, including the California Governor's Educational Quality Commission.

***Fr. Daniel M. O'Hare**, Chief Executive Officer*
AMEN, Inc.
Newburgh, New York

Father O'Hare is the founder and head of Americans Mobilized to End Narcotic Abuse, Inc. (AMEN), a drug abuse prevention program. He began his antidrug work in 1960 helping to get addicts into drug treatment programs. He lectures extensively to community groups, schools, and universities and provides assistance to communities in organizing their own antidrug efforts. In addition to serving as pastor of a parish in Port Jervis, New York, he has also served on the board of directors of numerous local, county, state, and national organizations.

***Thomas A. Shannon, J.D.**, Executive Director*
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Mr. Shannon has served as the executive director of the NSBA since 1977. An attorney and an educator, he is a visiting professor of educational administration at the University of Virginia. He is also executive publisher of *The American School Board Journal*, *The Executive Educator*, and *School Board News*.

***Sen. Richard C. Shelby**, D-Alabama*
Washington, DC

Before his election to the U.S. Senate in 1986, Senator Shelby served for four terms in the U.S. House of Representatives, representing Alabama's Seventh District. He has been a practicing attorney and a small businessman. He serves on the Committee on Armed Services; Committee on Banking, Housing, and Urban Affairs; and the Special Committee on Aging.

***H. Wesley Smith**, Superintendent*
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Mr. Smith has been an educator and administrator for 21 years, serving as a history teacher and a principal at the junior and senior high school levels. In 1983, he wrote the Oregon law to establish a relationship between teenage drug and alcohol use and loss of driving privileges. It was the first such law enacted in the nation. He has since served as a consultant to other states on proposals for similar legislation. In 1988, he participated in the White House Conference for a Drug-Free America.

***Rosemary R. Thomson**, Student Assistance Coordinator*
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Mrs. Thomson served as a member of the steering committee for Iowa State University Extension's statewide satellite broadcast "Drug, Alcohol and Substance Abuse," and is a member of the Cedar Rapids Substance Abuse Free (SAFE) Committee. Formerly, she served as the U.S. Secretary of Education's Region V representative, during which time she worked with schools in six states to implement prevention strategies. She also helped develop the Department of Education's Drug-Free Schools Recognition Award program.

***Manya S. Ungar**, Immediate Past President*
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Mrs. Ungar has held a variety of positions in the PTA at the local, state, and national levels. She has been a volunteer in numerous civic and education organizations. She serves on the board of directors for the Mathematical Sciences Education Board, the Council for the Advancement of Citizenship, the New Jersey Public Education Institute, and on the education advisory committees for NBC and Scholastic, Inc.

***Cong. Pat Williams**, D-Montana*
Washington, DC

Congressman Williams is serving his sixth term in Congress, representing Montana's Western District. He is a member of the Committee on Education and Labor, where he chairs the Subcommittee on Postsecondary Education, and is a member of the Subcommittees on Elementary, Secondary, and Vocational Education; Employment Opportunities; and Labor Standards. He also serves on the Committee on Interior.

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